

SELECTIVE

BE UNIQUELY INSURED®

THE DITTMAR AGENCY INC
PO BOX 348
HOLMDEL, NJ 07733

Agency Phone: (732) 462-2343

NFIP Policy Number: FLD1112469
Company Policy Number: FLD1112469
Agent: THE DITTMAR AGENCY INC

Payor: INSURED
Policy Term: 04/30/2023 12:01 AM - 04/30/2024 12:01 AM
Policy Form: RCBAP

To report a claim visit or call us at: <https://customer.myselectiveflood.com>
(877) 348-0552

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

DRAWBRIDGE CONDO ASSOCIATION INC.
C/O PRC PROPERTY MANAGEMENT
141 WEST FRONT ST., SUITE 410
RED BANK, NJ 07701

INSURED NAME(S) AND MAILING ADDRESS

DRAWBRIDGE CONDO ASSOCIATION INC.
C/O PRC PROPERTY MANAGEMENT
141 WEST FRONT ST., SUITE 410
RED BANK, NJ 07701

COMPANY MAILING ADDRESS

Selective Ins. Co. of New England
PO BOX 782747
PHILADELPHIA, PA 19178-2747

INSURED PROPERTY LOCATION

1-17 DRAWBRIDGE LANE
BUILDING B
MANASQUAN, NJ 08736

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 5 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: CRAWLSPACE (ELEVATED OR NON-ELEVATED SUBGRADE CRAWLSPACE), 2 FLOOR(S), FRAME CONSTRUCTION
PRIOR NFIP CLAIMS: 1 CLAIM(S)

BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
BUILDING DESCRIPTION DETAIL: N/A

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: LOAN NO: N/A
SECOND MORTGAGEE: LOAN NO: N/A
ADDITIONAL INTEREST: LOAN NO: N/A
DISASTER AGENCY: CASE NO: N/A
DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE

BUILDING: COVERAGE DEDUCTIBLE
\$1,250,000 \$5,000
CONTENTS: N/A N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.
Please review this declaration page for accuracy. If any changes are needed, contact your agent.
Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM: \$16,223.00
CONTENTS PREMIUM: \$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM: \$75.00
MITIGATION DISCOUNT: (\$307.00)
COMMUNITY RATING SYSTEM REDUCTION: (\$3,949.00)
FULL RISK PREMIUM: \$12,042.00
ANNUAL INCREASE CAP DISCOUNT: (\$6,271.00)
STATUTORY DISCOUNTS: (\$0.00)
DISCOUNTED PREMIUM: \$5,771.00
RESERVE FUND ASSESSMENT: \$1,039.00
HFIAA SURCHARGE: \$250.00
FEDERAL POLICY FEE: \$235.00
PROBATION SURCHARGE: \$0.00
TOTAL ANNUAL PREMIUM: \$7,295.00

IN WITNESS WHEREOF, I have signed this policy below and enter in to this Insurance Agreement


Michael H. Lanza / Secretary


John Marchioni / Chairman, President & CEO

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Zero Balance Due - This Is Not A Bill

Policy issued by: Selective Ins. Co. of New England

Insurer NAIC Number: 11867



File: 28727876

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DocID: 216806987

NOTICE OF INFORMATION PRACTICES (LONG FORM)

MISC-798 06 01

Your application or information you provide in connection with a claim is our major source of information. However, in order to evaluate your application for insurance, to service your policy or to process a claim, we may ask for additional information about you and any person who will be insured under this policy or who is the subject of the claim. This is sometimes necessary to make certain that the statements on your application are accurate or to process the claim. We may also need more details than you have already given us.

INFORMATION WE COLLECT

In connection with an application, the information that we may collect will enable us to make possible judgments about your character, habits, hobbies, finances, occupation, general reputation, health or other personal characteristics. In connection with a claim, the information we may collect will enable us to process the claim.

We may obtain this information from several sources. For example, we may contact any physician, clinic or hospital where any persons to be insured or making a claim have been treated. We may need information from your employer. But, before we ask for information from any of these sources, we will ask you to sign an authorization, which gives us permission to proceed, unless authorization is not required by law. We may get information by talking or writing to other insurance companies to which you applied for a policy or with which you have made a claim, members of your family, neighbors, friends, your insurance agent and others who know you. We may also obtain information from motor vehicle reports, court records, or photographs of the property you want insured or with regard to which you have made a claim.

CONSUMER REPORTS

It is common for an insurance company to order a report from an independent organization — a consumer reporting agency or an insurance-support organization — to verify and add to the information that you have given us. These reports are used to help us decide if you qualify for the insurance for which you have applied or to evaluate the claim you have made.

They may:

- _____ pertain to your mode of living, character, general reputation and personal characteristics such as health, job and finances.
- _____ contain information on your marital status, driving records, etc.
- _____ include information on the loss history of your property.
- _____ include information gathered by talking or writing to you or members of your family, neighbors, friends, your insurance agent and others who know you.
- _____ include information from motor vehicle reports, court records or photographs of your property and/or the property involved in the claim.

Upon your request, the consumer reporting agency or insurance-support organization will attempt to interview you in connection with any report it prepares. The information may be kept by the reporting organization and may later be given to others who use its services. It will be given only to the extent permitted by the Federal Fair Credit Reporting Act and your local state law, if any. Upon request and identification, the consumer reporting agency or insurance-support organization will provide you with a copy of the report.