

To report a claim call: (800) 759-8656

Harleysville Mutual Insurance Company

Harleysville, PA 19438-2297

www.harleysvillegroup.com

FLOOD POLICY DECLARATIONS

Policy Renewal

TYPE: CONDO

POLICY PERIOD: 9/15/2008 to 9/15/2009

These Declarations are effective as of: 9/15/2008 at 12:01 AM

INSURED NAME & ADDRESS



MISTY OAKS CONDO ASSN
C/O LION PROPERTY MGMT
PO BOX 8463
CORAL SPRINGS, FL 33075-8463

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 07540-00103-000
GATEWAY INSURANCE AGENCY LLC
PO BOX 5648
FORT LAUDERDALE, FL 33310-5648

PHONE# (954)735-5500

POLICY INFORMATION

PREMIUM PAYOR: Insured

COMMUNITY NAME
POMPANO BEACH, CITY OF

COMMUNITY NUMBER
1200550000F

INSURED PROPERTY ADDRESS
4100 CARRIAGE DR BLDG G
POMPANO BEACH, FL 33069-5502

POLICY TERM: One Year

BUILDING DESCRIPTION

Other Residential
Two Floors
No Basement
Low Rise 5 Units

Coverage Limitations May Apply, Refer
to your Standard Flood Insurance
Policy for details.

CONTENTS LOCATION
N/A

Estimated Replacement Cost: \$501,000

PROGRAM
Regular

FLOOD ZONE
AHB

CONSTRUCTION
Post-Firm
Construction

COVERAGE & RATING INFORMATION

BUILDING
Coverage: \$1,250,000
Deductible: \$5,000
Rates: .210/ .080

CONTENTS
Coverage: N/A
Deductible: N/A
Rates: N/A

PREMIUM PAID
Premium Subtotal: \$1,166.00
Previous Premium Subtotal: \$.00
ICC Premium: \$6.00
CRS Discount: \$117.00
Expense Constant: \$.00
Federal Policy Fee: \$175.00
Endorsement Amount: \$.00

Total Premium: \$1,230.00

FIRST MORTGAGEE

SECOND MORTGAGEE

This Declarations Page, in conjunction with the policy, constitutes your Flood Insurance Policy.
IN WITNESS WHEREOF, we hereby enter into this Insurance Agreement.

INSURED COPY

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INSURED NAME & ADDRESS



MISTY OAKS CONDO ASSN
C/O LION PROPERTY MGMT
PO BOX 8463
CORAL SPRINGS, FL 33075-8463

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 07540-00103-000
GATEWAY INSURANCE AGENCY LLC
PO BOX 5648
FORT LAUDERDALE, FL 33310-5648

PHONE# (954)735-5500

POLICY INFORMATION

PREMIUM PAYOR: Insured

COMMUNITY NAME
POMPANO BEACH, CITY OF

COMMUNITY NUMBER
1200550000F

INSURED PROPERTY ADDRESS
4101 CARRIAGE DR BLDG F
POMPANO BEACH, FL 33069-5530

POLICY TERM: One Year

BUILDING DESCRIPTION

Other Residential
Two Floors
No Basement
Low Rise 8 Units

Coverage Limitations May Apply, Refer
to your Standard Flood Insurance
Policy for details.

CONTENTS LOCATION
N/A

Estimated Replacement Cost: \$744,900

PROGRAM
Regular

FLOOD ZONE
AHB

CONSTRUCTION
Post-Firm
Construction

COVERAGE & RATING INFORMATION

BUILDING
Coverage: \$2,000,000
Deductible: \$5,000
Rates: .210/ .080

CONTENTS
Coverage: N/A
Deductible: N/A
Rates: N/A

PREMIUM PAID
Premium Subtotal: \$1,866.00
Previous Premium Subtotal: \$.00
ICC Premium: \$6.00
CRS Discount: \$187.00
Expense Constant: \$.00
Federal Policy Fee: \$175.00
Endorsement Amount: \$.00
Total Premium: \$1,860.00

FIRST MORTGAGEE

SECOND MORTGAGEE

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FLOOD POLICY DECLARATIONS

Policy Renewal

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POLICY PERIOD: 9/15/2008 to 9/15/2009

These Declarations are effective as of: 9/15/2008 at 12:01 AM

INSURED NAME & ADDRESS



MISTY OAKS CONDO ASSN
% MWI
C/O LION PROPERTY MGMT
PO BOX 8463
CORAL SPRINGS, FL 33075-8463

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 07540-00103-000
GATEWAY INSURANCE AGENCY LLC
PO BOX 5648
FORT LAUDERDALE, FL 33310-5648
PHONE# (954)735-5500

POLICY INFORMATION

PREMIUM PAYOR: Insured

COMMUNITY NAME
POMPANO BEACH, CITY OF

COMMUNITY NUMBER
1200550000F

INSURED PROPERTY ADDRESS
4103 CARRIAGE DR BLDG H
POMPANO BEACH, FL 33069-5538

POLICY TERM: One Year

BUILDING DESCRIPTION

2-4 Family
Two Floors
No Basement
Low Rise 4 Units

Coverage Limitations May Apply, Refer
to your Standard Flood Insurance
Policy for details.

CONTENTS LOCATION
N/A

Estimated Replacement Cost: \$450,600

PROGRAM
Regular

FLOOD ZONE
AHB

CONSTRUCTION
Post-Firm
Construction

COVERAGE & RATING INFORMATION

BUILDING
Coverage: \$1,000,000
Deductible: \$5,000
Rates: .210/ .080

CONTENTS
Coverage: N/A
Deductible: N/A
Rates: N/A

PREMIUM PAID
Premium Subtotal: \$848.00
Previous Premium Subtotal: \$.00
ICC Premium: \$6.00
CRS Discount: \$85.00
Expense Constant: \$.00
Federal Policy Fee: \$70.00
Endorsement Amount: \$.00
Total Premium: \$839.00

FIRST MORTGAGEE

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Harleysville Mutual Insurance Company

Harleysville, PA 19438-2297
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FLOOD POLICY DECLARATIONS

Policy Renewal

TYPE: CONDO

POLICY PERIOD: 9/15/2008 to 9/15/2009

These Declarations are effective as of: 9/15/2008 at 12:01 AM

INSURED NAME & ADDRESS



MISTY OAKS CONDO ASSN
% MWI
C/O LION PROPERTY MGMT
PO BOX 8463
CORAL SPRINGS, FL 33075-8463

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 07540-00103-000
GATEWAY INSURANCE AGENCY LLC
PO BOX 5648
FORT LAUDERDALE, FL 33310-5648
PHONE# (954)735-5500

POLICY INFORMATION

PREMIUM PAYOR: Insured

COMMUNITY NAME
POMPANO BEACH, CITY OF

COMMUNITY NUMBER
1200550000F

INSURED PROPERTY ADDRESS
4104 CARRIAGE DR BLDG D
POMPANO BEACH, FL 33069-5532

POLICY TERM: One Year

BUILDING DESCRIPTION

2-4 Family
Two Floors
No Basement
Low Rise 4 Units

Coverage Limitations May Apply, Refer
to your Standard Flood Insurance
Policy for details.

CONTENTS LOCATION
N/A

Estimated Replacement Cost: \$1,088,845

PROGRAM
Regular

FLOOD ZONE
AHB

CONSTRUCTION
Post-Firm
Construction

COVERAGE & RATING INFORMATION

BUILDING
Coverage: \$1,000,000
Deductible: \$5,000
Rates: .210/ .080

CONTENTS
Coverage: N/A
Deductible: N/A
Rates: N/A

PREMIUM PAID
Premium Subtotal: \$848.00
Previous Premium Subtotal: \$.00
ICC Premium: \$6.00
CRS Discount: \$85.00
Expense Constant: \$.00
Federal Policy Fee: \$70.00
Endorsement Amount: \$.00
Total Premium: \$839.00

FIRST MORTGAGEE

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Harleysville Mutual Insurance Company

Harleysville, PA 19438-2297

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FLOOD POLICY DECLARATIONS

Policy Renewal

TYPE: CONDO

POLICY PERIOD: 9/15/2008 to 9/15/2009

These Declarations are effective as of: 9/15/2008 at 12:01 AM

INSURED NAME & ADDRESS



MISTY OAKS CONDO ASSN
& MWI
C/O LION PROPERTY MGMT
PO BOX 8463
CORAL SPRINGS, FL 33075-8463

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 07540-00103-000
GATEWAY INSURANCE AGENCY LLC
PO BOX 5648
FORT LAUDERDALE, FL 33310-5648
PHONE# (954)735-5500

POLICY INFORMATION

PREMIUM PAYOR: Insured

COMMUNITY NAME
POMPANO BEACH, CITY OF

COMMUNITY NUMBER
1200550000F

INSURED PROPERTY ADDRESS
4105 CARRIAGE DR BLDG J
POMPANO BEACH, FL 33069-5539

POLICY TERM: One Year

BUILDING DESCRIPTION

2-4 Family
Two Floors
No Basement
Low Rise 4 Units

Coverage Limitations May Apply, Refer
to your Standard Flood Insurance
Policy for details.

CONTENTS LOCATION
N/A

Estimated Replacement Cost: \$1,106,422

PROGRAM
Regular

FLOOD ZONE
AHB

CONSTRUCTION
Post-Firm
Construction

COVERAGE & RATING INFORMATION

BUILDING
Coverage: \$1,000,000
Deductible: \$5,000
Rates: .210/ .080

CONTENTS
Coverage: N/A
Deductible: N/A
Rates: N/A

PREMIUM PAID
Premium Subtotal: \$848.00
Previous Premium Subtotal: \$.00
ICC Premium: \$6.00
CRS Discount: \$85.00
Expense Constant: \$.00
Federal Policy Fee: \$70.00
Endorsement Amount: \$.00
Total Premium: \$839.00

FIRST MORTGAGEE

SECOND MORTGAGEE

This Declarations Page, in conjunction with the policy, constitutes your Flood Insurance Policy.
IN WITNESS WHEREOF, we hereby enter into this Insurance Agreement.

INSURED COPY

Processed by:
Flood Insurance Processing Center
P.O. Box 2057 Kalispell MT 59903-2057

POLICY #: 36620176152008

To report a claim call: (800) 759-8656

Harleysville Mutual Insurance Company

Harleysville, PA 19438-2297
www.harleysvillegroup.com

FLOOD POLICY DECLARATIONS

Policy Renewal

TYPE: CONDO

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MISTY OAKS CONDO ASSN
C/O LION PROPERTY MGMT
PO BOX 8463
CORAL SPRINGS, FL 33075-8463

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 07540-00103-000
GATEWAY INSURANCE AGENCY LLC
PO BOX 5648
FORT LAUDERDALE, FL 33310-5648
PHONE# (954) 735-5500

POLICY INFORMATION

PREMIUM PAYOR: Insured

COMMUNITY NAME
POMPANO BEACH, CITY OF

COMMUNITY NUMBER
1200550000F

INSURED PROPERTY ADDRESS
4106 CARRIAGE DR BLDG C
POMPANO BEACH, FL 33069-5541

POLICY TERM: One Year

BUILDING DESCRIPTION

Other Residential
Two Floors
No Basement
Low Rise 5 Units

Coverage Limitations May Apply, Refer
to your Standard Flood Insurance
Policy for details.

CONTENTS LOCATION

N/A

Estimated Replacement Cost: \$1,298,137

PROGRAM
Regular

FLOOD ZONE
AHB

CONSTRUCTION
Post-Firm
Construction

COVERAGE & RATING INFORMATION

BUILDING
Coverage: \$1,250,000
Deductible: \$5,000
Rates: .210/ .080

CONTENTS
Coverage: N/A
Deductible: N/A
Rates: N/A

PREMIUM PAID
Premium Subtotal: \$1,166.00
Previous Premium Subtotal: \$.00
ICC Premium: \$6.00
CRS Discount: \$117.00
Expense Constant: \$.00
Federal Policy Fee: \$175.00
Endorsement Amount: \$.00
Total Premium: \$1,230.00

FIRST MORTGAGEE

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MISTY OAKS CONDO ASSN
% MWI
C/O LION PROPERTY MGMT
PO BOX 8463
CORAL SPRINGS, FL 33075-8463

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 07540-00103-000
GATEWAY INSURANCE AGENCY LLC
PO BOX 5648
FORT LAUDERDALE, FL 33310-5648
PHONE# (954) 735-5500

POLICY INFORMATION

PREMIUM PAYOR: Insured

COMMUNITY NAME
POMPANO BEACH, CITY OF

COMMUNITY NUMBER
1200550000F

INSURED PROPERTY ADDRESS
4107 CARRIAGE DR BLDG K
POMPANO BEACH, FL 33069-5540

POLICY TERM: One Year

BUILDING DESCRIPTION

2-4 Family
Two Floors
No Basement
Low Rise 4 Units

Coverage Limitations May Apply, Refer
to your Standard Flood Insurance
Policy for details.

CONTENTS LOCATION
N/A

Estimated Replacement Cost: \$1,093,518

PROGRAM
Regular

FLOOD ZONE
AHE

CONSTRUCTION
Post-Firm
Construction

COVERAGE & RATING INFORMATION

BUILDING
Coverage: \$1,000,000
Deductible: \$5,000
Rates: .210/ .080

CONTENTS
Coverage: N/A
Deductible: N/A
Rates: N/A

PREMIUM PAID
Premium Subtotal: \$848.00
Previous Premium Subtotal: \$.00
ICC Premium: \$6.00
CRS Discount: \$85.00
Expense Constant: \$.00
Federal Policy Fee: \$70.00
Endorsement Amount: \$.00
Total Premium: \$839.00

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MISTY OAKS CONDO ASSN
C/O LION PROPERTY MGMT
PO BOX 8463
CORAL SPRINGS, FL 33075-8463

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 07540-00103-000
GATEWAY INSURANCE AGENCY LLC
PO BOX 5648
FORT LAUDERDALE, FL 33310-5648
PHONE# (954)735-5500

POLICY INFORMATION

PREMIUM PAYOR: Insured

COMMUNITY NAME
POMPANO BEACH, CITY OF

COMMUNITY NUMBER
1200550000F

INSURED PROPERTY ADDRESS
4109 CARRIAGE DR BLDG L
POMPANO BEACH, FL 33069-5534

POLICY TERM: One Year

BUILDING DESCRIPTION

Other Residential
Two Floors
No Basement
Low Rise 5 Units

Coverage Limitations May Apply, Refer
to your Standard Flood Insurance
Policy for details.

CONTENTS LOCATION
N/A

Estimated Replacement Cost: \$1,355,882

PROGRAM
Regular

FLOOD ZONE
AHB

CONSTRUCTION
Post-Firm
Construction

COVERAGE & RATING INFORMATION

BUILDING
Coverage: \$1,250,000
Deductible: \$5,000
Rates: .210/ .080

CONTENTS
Coverage: N/A
Deductible: N/A
Rates: N/A

PREMIUM PAID
Premium Subtotal: \$1,166.00
Previous Premium Subtotal: \$.00
ICC Premium: \$6.00
CRS Discount: \$117.00
Expense Constant: \$.00
Federal Policy Fee: \$175.00
Endorsement Amount: \$.00

Total Premium: \$1,230.00

FIRST MORTGAGEE

SECOND MORTGAGEE

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MISTY OAKS CONDO ASSN
C/O LION PROPERTY MGMT
PO BOX 8463
CORAL SPRINGS, FL 33075-8463

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 07540-00103-000
GATEWAY INSURANCE AGENCY LLC
PO BOX 5648
FORT LAUDERDALE, FL 33310-5648
PHONE# (954)735-5500

POLICY INFORMATION

PREMIUM PAYOR: Insured

COMMUNITY NAME
POMPANO BEACH, CITY OF

COMMUNITY NUMBER
1200550000F

INSURED PROPERTY ADDRESS
4111 CARRIAGE DR BLDG M
POMPANO BEACH, FL 33069-5533

POLICY TERM: One Year

BUILDING DESCRIPTION
Other Residential
Two Floors
No Basement
Low Rise 5 Units

Coverage Limitations May Apply, Refer
to your Standard Flood Insurance
Policy for details.

CONTENTS LOCATION
N/A

Estimated Replacement Cost: \$1,285,795

PROGRAM
Regular

FLOOD ZONE
AHB

CONSTRUCTION
Post-Firm
Construction

COVERAGE & RATING INFORMATION

BUILDING
Coverage: \$1,250,000
Deductible: \$5,000
Rates: .210/ .080

CONTENTS
Coverage: N/A
Deductible: N/A
Rates: N/A

PREMIUM PAID
Premium Subtotal: \$1,166.00
Previous Premium Subtotal: \$.00
ICC Premium: \$6.00
CRS Discount: \$117.00
Expense Constant: \$.00
Federal Policy Fee: \$175.00
Endorsement Amount: \$.00

Total Premium: \$1,230.00

FIRST MORTGAGEE

SECOND MORTGAGEE

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IN WITNESS WHEREOF, we hereby enter into this Insurance Agreement.

INSURED COPY



FLOOD POLICY DECLARATIONS

Policy Renewal

TYPE: CONDO

POLICY PERIOD: 3/27/2008 to 3/27/2009

These Declarations are effective as of: 3/27/2008 at 12:01 AM

INSURED NAME & ADDRESS



MISTY OAKS CONDO ASSN INC
C/O LION PROPERTY MANAGEMENT
PO BOX 8463
CORAL SPRINGS, FL 33075-8463

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 06840-00040-000
GATEWAY INSURANCE AGENCY LLC
PO BOX 5648
FORT LAUDERDALE, FL 33310-5648

PHONE# (954)735-5500

POLICY INFORMATION

PREMIUM PAYOR: Insured

COMMUNITY NAME

COMMUNITY NUMBER

INSURED PROPERTY ADDRESS

POMPANO BEACH, CITY OF

1200550206F

CONDO ASSN
4113 CARRIAGE DR
POMPANO BEACH, FL 33069-5542

POLICY TERM: One Year

BUILDING DESCRIPTION

Coverage Limitations May Apply, Refer
to your Standard Flood Insurance
Policy for details.

CONTENTS LOCATION

N/A

2-4 Family
Two Floors
No Basement
Low Rise 4 Units

Estimated Replacement Cost: \$1,000,000

PROGRAM
Regular

FLOOD ZONE
AHB

CONSTRUCTION
Post-Firm
Construction

COVERAGE & RATING INFORMATION

Coverage: \$1,000,000
Deductible: \$500

Coverage: N/A
Deductible: N/A

Rates: .190/ .080

Rates: N/A

Premium Subtotal: \$1,020.00
Previous Premium Subtotal: \$.00
ICC Premium: \$6.00
CRS Discount: \$103.00
Expense Constant: \$.00
Federal Policy Fee: \$60.00
Endorsement Amount: \$.00

Total Premium: \$983.00

FIRST MORTGAGEE

SUNTRUST BANK SF
501 E LAS OLAS BLVD
FORT LAUDERDALE, FL 33301
Loan#: 6074270

SECOND MORTGAGEE

This Declarations Page, in conjunction with the policy, constitutes your Flood Insurance Policy.
IN WITNESS WHEREOF, we have signed this policy below and hereby enter into this Insurance Agreement.

John P. Allen
President

John P. Allen
Secretary

INSURED COPY

EXP

2/29/2008
1R*

American Strategic Insurance

Processed by:
Flood Insurance Processing Center
P.O. Box 2057 Kalispell MT 59903-2057



POLICY #: 87029902932008

To report a claim call: (800) 759-8656

FLOOD POLICY DECLARATIONS

Policy Renewal

TYPE: CONDO

POLICY PERIOD: 3/27/2008 to 3/27/2009

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INSURED NAME & ADDRESS



MISTY OAKS CONDO ASSN INC
C/O LIONS PROPERTY MANAGEMENT
PO BOX 8463
CORAL SPRINGS, FL 33075-8463

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 06840-00040-000
GATEWAY INSURANCE AGENCY LLC
PO BOX 5648
FORT LAUDERDALE, FL 33310-5648

PHONE# (954) 735-5500

POLICY INFORMATION

PREMIUM PAYOR: Insured

COMMUNITY NAME
POMPANO BEACH, CITY OF

COMMUNITY NUMBER
1200550206F

INSURED PROPERTY ADDRESS
CONDO ASSN
4115 CARRIAGE DR
POMPANO BEACH, FL 33069-5543

POLICY TERM: One Year

BUILDING DESCRIPTION

Other Residential
Two Floors
No Basement
Low Rise 5 Units

Coverage Limitations May Apply, Refer
to your Standard Flood Insurance
Policy for details.

CONTENTS LOCATION
N/A

Estimated Replacement Cost: \$1,250,000

PROGRAM
Regular

FLOOD ZONE
A/B

CONSTRUCTION
Post-Firm
Construction

COVERAGE & RATING INFORMATION

BUILDING
Coverage: \$1,250,000
Deductible: \$500
Rates: .190/ .080

CONTENTS
Coverage: N/A
Deductible: N/A
Rates: N/A

PREMIUM PAID
Premium Subtotal: \$1,275.00
Previous Premium Subtotal: \$.00
ICC Premium: \$6.00
CRS Discount: \$128.00
Expense Constant: \$.00
Federal Policy Fee: \$150.00
Endorsement Amount: \$.00

Total Premium: \$1,303.00

FIRST MORTGAGEE

SUNTRUST BANK FA
501 E LAS OLAS BLVD
FORT LAUDERDALE, FL 33301
Loan#: 6074270

SECOND MORTGAGEE

This Declarations Page, in conjunction with the policy, constitutes your Flood Insurance Policy.
IN WITNESS WHEREOF, we have signed this policy below and hereby enter into this Insurance Agreement.

John F. Allen
President

Alleen Foster
Secretary

INSURED COPY

EXP

American Strategic Insurance

2/29/2008
1R*

To report a claim call: (800) 759-8656

Harleysville Mutual Insurance Company

Harleysville, PA 19438-2297

www.harleysvillegroup.com

FLOOD POLICY DECLARATIONS

Policy Renewal

TYPE: CONDO

POLICY PERIOD: 9/15/2008 to 9/15/2009

These Declarations are effective as of: 9/15/2008 at 12:01 AM

INSURED NAME & ADDRESS



MISTY OAKS CONDO ASSN
% MWI
LION PROPERTY MGMT
PO BOX 8463
CORAL SPRINGS, FL 33075-8463

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 07540-00103-000
GATEWAY INSURANCE AGENCY LLC
PO BOX 5648
FORT LAUDERDALE, FL 33310-5648
PHONE# (954)735-5500

POLICY INFORMATION

PREMIUM PAYOR: Insured

COMMUNITY NAME
POMPANO BEACH, CITY OF

COMMUNITY NUMBER
1200550000F

INSURED PROPERTY ADDRESS
4117 CARRIAGE DR BLDG B
POMPANO BEACH, FL 33069

POLICY TERM: One Year

BUILDING DESCRIPTION

2-4 Family
Two Floors
No Basement
Low Rise 4 Units

Coverage Limitations May Apply, Refer
to your Standard Flood Insurance
Policy for details.

CONTENTS LOCATION
N/A

Estimated Replacement Cost: \$1,000,000

PROGRAM
Regular

FLOOD ZONE
AHB

CONSTRUCTION
Post-Firm
Construction

COVERAGE & RATING INFORMATION

BUILDING
Coverage: \$1,000,000
Deductible: \$5,000
Rates: .210/ .080

CONTENTS
Coverage: N/A
Deductible: N/A
Rates: N/A

PREMIUM PAID
Premium Subtotal: \$848.00
Previous Premium Subtotal: \$.00
ICC Premium: \$6.00
CRS Discount: \$85.00
Expense Constant: \$.00
Federal Policy Fee: \$70.00
Endorsement Amount: \$.00

Total Premium: \$839.00

FIRST MORTGAGEE

SECOND MORTGAGEE

This Declarations Page, in conjunction with the policy, constitutes your Flood Insurance Policy.
IN WITNESS WHEREOF, we hereby enter into this Insurance Agreement.

INSURED COPY

To report a claim call: (800) 759-8656

Harleysville Mutual Insurance Company

Harleysville, PA 19438-2297
www.harleysvillegroup.com

FLOOD POLICY DECLARATIONS

Policy Renewal

TYPE: CONDO

POLICY PERIOD: 9/15/2008 to 9/15/2009

These Declarations are effective as of: 9/15/2008 at 12:01 AM

INSURED NAME & ADDRESS



MISTY OAKS CONDO ASSN
& MWI
C/O LIONS PROPERTY MGMT
PO BOX 8463
CORAL SPRINGS, FL 33075-8463

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 07540-00103-000
GATEWAY INSURANCE AGENCY LLC
PO BOX 5648
FORT LAUDERDALE, FL 33310-5648
PHONE# (954)735-5500

POLICY INFORMATION

PREMIUM PAYOR: Insured

COMMUNITY NAME
POMPANO BEACH, CITY OF

COMMUNITY NUMBER
1200550000F

INSURED PROPERTY ADDRESS
4119 W PALM AIRE DR BLDG A
POMPANO BEACH, FL 33069-4182

POLICY TERM: One Year

BUILDING DESCRIPTION

2-4 Family
Two Floors
No Basement
Low Rise 4 Units

Coverage Limitations May Apply, Refer
to your Standard Flood Insurance
Policy for details.

CONTENTS LOCATION
N/A

Estimated Replacement Cost: \$1,106,240

PROGRAM
Regular

FLOOD ZONE
AHB

CONSTRUCTION
Post-Firm
Construction

COVERAGE & RATING INFORMATION

BUILDING
Coverage: \$1,000,000
Deductible: \$5,000
Rates: .210/ .080

CONTENTS
Coverage: N/A
Deductible: N/A
Rates: N/A

PREMIUM PAID
Premium Subtotal: \$848.00
Previous Premium Subtotal: \$.00
ICC Premium: \$6.00
CRS Discount: \$85.00
Expense Constant: \$.00
Federal Policy Fee: \$70.00
Endorsement Amount: \$.00
Total Premium: \$839.00

FIRST MORTGAGEE

SECOND MORTGAGEE

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