

**FLOOD POLICY DECLARATIONS**

NO:

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

ISSUE DATE: \_\_\_\_\_  
NAMED INSURED AND MAILING ADDRESS \_\_\_\_\_ AGENTS NAME AND ADDRESS  
 AMERIFLOO LLC  
 4613 LITTLE ROAD  
 TRINITY, FL 34655-0000

POLICY TERM: 1 YEAR(S)                      INCEPTION: \_\_\_\_\_                      EXPIRATION: \_\_\_\_\_  
 THESE DECLARATIONS ARE EFFECTIVE \_\_\_\_\_ 12:01 AM LOCAL TIME AT THE DESCRIBED LOCATION  
 COVERED BY THIS POLICY LOCATED AT THE ABOVE MAILING ADDRESS, UNLESS OTHERWISE STATED BELOW.

**RATING INFORMATION**

CONSTRUCTION DATE:	COMMUNITY NAME:	COMMUNITY RATING:
BUILDING DESCRIPTION:	COMMUNITY NO	RISK ZONE:
NO.OF FLOORS:	PROGRAM STATUS:	NO OF UNITS:
BASEMENT DESCRIPTION:	CONDO TYPE:	ELEVATED BUILDING:
CONTENTS LOCATION:		
LOWEST FLOOR ELEVATION:	BASE FLOOD ELEVATION:	RATING ELEVATION:
LIMITS OF LIABILITY	BUILDINGS CONTENTS	DEDUCTIBLE AMOUNTS
		BUILDINGS CONTENTS

**RATES AND AMOUNT OF INSURANCE IN FORCE FOR BUILDING AND CONTENTS**

TYPE OF COVERAGE	BASIC		ADDITIONAL			DEDUCTIBLE BUYBACK'D ISC_	TOTAL PREMIUM
	AMT_OF INS.	RATE	PREMIUM	AMT_OF INS.	RATE		
BUILDINGS							
CONTENTS							

FIRST MORTGAGEE NAME AND ADDRESS _____	LOAN NO. _____	PREMIUM SUBTOTAL CRS DISCOUNT EXPENSE CONSTANT FEDERAL POLICY FEE COVERAGE 0 (ICC)  TOTAL PREMIUM
OTHER PAYOR NAME AND ADDRESS _____	LOAN NO. _____	