

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: _____
 BUILDING DESCRIPTION: _____ COMMUNITY NO _____ COMMUNITY RATING: _____
 NO.OF FLOORS: _____ PROGRAM STATUS: _____ RISK ZONE: _____
 BASEMENT DESCRIPTION: _____ CONDO TYPE: _____ NO OF UNITS: _____
 CONTENTS LOCATION: _____ ELEVATED BUILDING: _____

LOWEST FLOOR ELEVATION: _____ BASE FLOOD ELEVATION: _____ RATING ELEVATION: _____

LIMITS OF LIABILITY	BUILDINGS CONTENTS	DEDUCTIBLE AMOUNTS	BUILDINGS CONTENTS
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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. _____	