

Agency Phone:

(808) 877-5053

NFIP Policy Number: FLD1190878 Company Policy Number: FLD1190878

Agent:

SERVCO INSURANCE



Policy Term:

02/09/2017 12:01 AM through 02/09/2018 12:01 AM

Renewal Billing Payor:

INSURED

www.myselectiveflood.com

To report a claim visit or call us at:

(877) 348-0552

REVISED FLOOD INSURANCE POLICY DECLARATIONS

RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

DELIVERY ADDRESS

INSURED NAME(S) AND MAILING ADDRESS

AOAO MAUI SANDS CONDO ASSN & UNIT OWNERS ATIMA / C/O MANAGEMENT CONSULTANTS OF HI, INC

ոլիննիչիրիլնդիգումիկնինիրիանինիիներություն

C/O ASSOCIA HAWAII

AOAO MAUI SANDS CONDO ASSN & UNIT OWNERS ATIMA / C/O MANAGEMENT CONTELLIANTS HILACE, SUITE 207. TECEIVED

C/O ASSOCIA HAWAII

375 HUKU LII PLACE, SUITE 207

KIHEI, HI 96753

OCT 16 2017



COMPANY MAILING ADDRESS

Selective Insurance Company of America

PO BOX 782747

PHILADELPHIA, PA 19178-2747

PROPERTY LOGATION

KIHEI, HI 96753

3559 L. HONOAPIILANI RD

BUILDING #1 LAHAINA, HI 96761

DESCRIPTION: N/A

RATING INFORMATION

ORIGINAL NEW BUSINESS DATE:

02/09/2007 N/A

REINSTATEMENT DATE: **BUILDING OCCUPANCY:**

OTHER RESIDENTIAL RCBAP LOW RISE

CONDOMINIUM INDICATOR: NUMBER OF UNITS: PRIMARY RESIDENCE:

12 YES

ADDITIONS/EXTENSIONS: BUILDING TYPE:

SELECT TWO FLOORS

BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: NO BASEMENT

DATE OF CONSTRUCTION:

COMMUNITY NUMBER:

COMMUNITY NAME:

CURRENT FLOOD ZONE: GRANDFATHERED:

FLOOD RISK/RATED ZONE:

ELEVATION DIFFERENCE: ELEVATED BUILDING TYPE:

REPLACEMENT COST:

\$1,960,500

NON-ELEVATED

06/30/1969

AE

NO

AE

N/A

MAUL COUNTY

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

SECOND MORTGAGEE:

ADDITIONAL INTEREST:

DISASTER AGENCY:

LOAN NUMBER:

LOAN NUMBER: N/A

N/A

150003 0351 F REGULAR PROGRAM

LOAN NUMBER:

CASE FILE NUMBER: N/A DISASTER AGENCY:

PREMIUM CALCULATION —Pre-FIRM Subsidized

Standard

BUILDING

\$1,960.500

\$10,000

COVERAGE DEDUCTIBLE BASIC COVERAGE \$720,000

BASIC RATE 0.850 ADD'L COVERAGE

\$1,240,500

ADD'L RATE 0.840

DED. DISCOUNT/SURCHARGE **PREMIUM** (\$2,316.00)

CONTENTS

\$0

1.180

\$0

1.580

\$0.00

ANNUAL PREMIUM:

\$14,224,00 \$0.00

Coverage limitations may apply. See your policy form for details. Endorsement Effective Date: 10/09/2017

ENDORSEMENT PREMIUM: Insured / Mailing Address Changed

ANNUAL SUBTOTAL: INCREASED COST OF COMPLIANCE: COMMUNITY RATING DISCOUNT:

10%

\$14,224.00 \$70.00 (\$1,429,00)

RESERVE FUND ASSESSMENT: 15.0% PROBATION SURCHARGE:

\$1,930.00 \$0.00 \$14,795.00 \$250,00

\$800.00

12572

HFIAA SURCHARGE: FEDERAL POLICY SERVICE FEE:

TOTAL . PRORATA PREMIUM ADJUSTMENT:

\$15.845.00 \$0.00 ADJUSTED ANNUAL PREMIUM: \$15,845.00

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

Gregory E. Murphy / Chairman

Zero Balance Due This is Not A Bill

Company NAIC:

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

This is a Residential Condominium Building Association Policy. If, at the time of the loss, the building is not insured within 80% of the replacement cost of the building or the maximum amount available for this building, whichever is less, a co-insurance penalty will be applied to the claims settlement

Policy issued by Selective Insurance Company of America

DocID: 64269834

File: 8308508

Page 1 of 2



Agency Phone:

(808) 877-5053

NFIP Policy Number: FLD1190880 Company Policy Number: FLD1190880

Agent:

SERVOO INSURANCE



Policy Term:

02/09/2017 12:01 AM through 02/09/2018 12:01 AM

Renewal Billing Payor: INSURED

To report a claim visit or call us at: www.myselectiveflood.com

(877) 348-0552

REVISED FLOOD INSURANCE POLICY DECLARATIONS

RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

DELIVERY ADDRESS

INSURED NAME(S) AND MAILING ADDRESS

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AOAO MAUISANDS CONDO ASSN & LINIT OWNERS ATIMA / C/O MANAGEMENT CONSULTANTS OF HAWAII, INC

AOAO MAUI SANDS CONDO ASSN & UNIT OWNERS ATIMA / C/O MANAGEMENT CONTO PLACE, SUITE 207

C/O ASSOCIA HAWAII

KIHEI, HI 96753

HAWAII, INC.

C/O ASSOCIA HAWAII

375 HUKU LI'I PLACE, SUITE 207

KIHEI, HI 96753

RECEIVED

OCT 1 6 2017



COMPANY MAILING ADDRESS

Selective Insurance Company of America

PO BOX 782747

PHILADELPHIA, PA 19178-2747

PROPERTY LOCATION

3559 L. HONOAPIILANI RD

BUILDING #3 LAHAINA, HI 76761

DESCRIPTION: N/A

RATING INFORMATION

ORIGINAL NEW BUSINESS DATE:

02/09/2007

N/A

REINSTATEMENT DATE: BUILDING OCCUPANCY: CONDOMINIUM INDICATOR:

OTHER RESIDENTIAL RCBAP LOW RISE

NUMBER OF UNITS: PRIMARY RESIDENCE:

12 YES

ADDITIONS/EXTENSIONS:

SELECT

BUILDING TYPE:

TWO FLOORS BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: NO BASEMENT DATE OF CONSTRUCTION:

06/30/1969 **COMMUNITY NUMBER:** 150003 0351 F REGULAR PROGRAM

COMMUNITY NAME:

MAUL COUNTY **CURRENT FLOOD ZONE:** ΔF

GRANDFATHERED:

FLOOD RISK/RATED ZONE: **ELEVATION DIFFERENCE:**

ELEVATED BUILDING TYPE:

NON-ELEVATED

REPLACEMENT COST:

\$1,960,500

NO

ΑF

N/A

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

SECOND MORTGAGEE:

ADDITIONAL INTEREST:

DISASTER AGENCY:

LOAN NUMBER:

LOAN NUMBER:

LOAN NUMBER:

\$0.00

TOTAL:

N/A N/A

N/A

CASE FILE NUMBER: N/A

PREMIUM CALCULATION - Pre-FIRM Subsidized

DISASTER AGENCY:

COVERAGE DEDUCTIBLE BASIC COVERAGE

BUILDING \$1,960,500 CONTENTS

\$0

\$10,000

\$720,000

BASIC RATE 0.850 \$0 1.180

ADD'L COVERAGE \$1,240,500 \$0

ADD'L RATE 0.840 1.580

DED. DISCOUNT/SURCHARGE (\$2,316,00)

ANNUAL SUBTOTAL:

PREMIUM \$14,224.00 \$0.00

\$14,224.00

\$70.00

\$250.00

\$800.00

\$0.00

\$15,845.00

\$15,845.00

Standard

Coverage limitations may apply. See your policy form for details. Endorsement Effective Date: 10/09/2017

ENDORSEMENT PREMIUM: Insured / Mailing Address Changed

INCREASED COST OF COMPLIANCE: COMMUNITY RATING DISCOUNT: 10% RESERVE FUND ASSESSMENT: 15.0% PROBATION SURCHARGE:

(\$1,429,00)\$1,930.00 \$0.00 \$14,795.00

ANNUAL PREMIUM: HFIAA SURCHARGE: FEDERAL POLICY SERVICE FEE:

PRORATA PREMIUM ADJUSTMENT: ADJUSTED ANNUAL PREMIUM:

> Zero Balance Due This Is Not A Bill

Gregory E. Murphy 7 Chairman

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

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Policy issued by Selective Insurance Company of America

Company NAIC:

12572

II File: 8308513

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

Page 1 of 2



DociD: 64270061



Agency Phone:

(808) 877-5053

իկուկ Արևելի Արևելի հուների հերևելի հերևելի հուներ

NFIP Policy Number:

Company Policy Number: FLD1190885

Agent:

SERVCO INSURANCE



Policy Term:

02/09/2017 12:01 AM through 02/09/2018 12:01 AM

Renewal Billing Payor: INSURED

To report a claim visit or call us at: www.myselectiveflood.com

(877) 348-0552

FLD1190885

REVISED FLOOD INSURANCE POLICY DECLARATIONS

STANDARD POLICY - DWELLING FORM

DELIVERY ADDRESS

INSURED NAME(S) AND MAILING ADDRESS

AGAO MAU/ SANDS CONDO ASSN AND UNIT OWNERS ATIMA / C/O MANAGEMENT CONSULTANTS OF HI, INC.

C/O ASSOCIA HAWAII

KIHEI, HI 96753

C/O ASSOCIA HAWAII 375 HUKU LI'I PLACE, SUITE 207

KIHEI, HI 96753

OCT 1.6 2017

COMPANY MAILING ADDRESS

Selective Insurance Company of America

PO BOX 782747

PHILADELPHIA, PA 19178-2747

3559 L. HONOAPIILANI RD

BUILDING#OFFICE/MANAGER APT.

DESCRIPTION: N/A

RATING INFORMATION

ORIGINAL NEW BUSINESS DATE:

REINSTATEMENT DATE:

BUILDING OCCUPANCY:

CONDOMINIUM INDICATOR:

NUMBER OF UNITS:

PRIMARY RESIDENCE:

ADDITIONS/EXTENSIONS:

BUILDING TYPE:

BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: NO BASEMENT

SECOND MORTGAGEF:

ADDITIONAL INTEREST:

CONTENTS

PROPERTY LOCATION

LAHAINA, HI 96761

DATE OF CONSTRUCTION:

COMMUNITY NUMBER:

06/30/1969 150003 0351 F REGULAR PROGRAM

MAUL COUNTY

COMMUNITY NAME:

CURRENT FLOOD ZONE:

GRANDFATHERED:

FLOOD RISK/RATED ZONE:

ELEVATION DIFFERENCE:

ΑE N/A

ΑE

NO

ELEVATED BUILDING TYPE:

NON-ELEVATED

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

DISASTER AGENCY:

LOAN NUMBER:

N/A

N/A

LOAN NUMBER:

N/A

LOAN NUMBER:

CASE FILE NUMBER: N/A **DISASTER AGENCY:**

PREMIUM CALCULATION —Pre-FIRM Subsidized

COVERAGE DEDUCTIBLE BASIC COVERAGE BASIC RATE BUILDING

ENDORSEMENT PREMIUM:

Insured / Mailing Address Changed

\$250,000

Endorsement Effective Date: 10/09/2017

\$5,000

Coverage limitations may apply. See your policy form for details.

\$60,000

02/09/2007

N/A

NO

SELECT

ONE FLOOR

SINGLE FAMILY

NOT A CONDO

1.620 2.050

ADD'L COVERAGE \$190,000

\$0

ADD'L RATE 1.400 2.530

DED. DISCOUNT/SURCHARGE

\$3,051.00 (\$581.00)\$0.00 \$0.00

Standard

PREMIUM

\$3,051.00

(\$311.00)

\$419.00

\$3,214,00

\$250,00

\$50.00

12572

80.00

\$55.00

ANNUAL SUBTOTAL: INCREASED COST OF COMPLIANCE:

COMMUNITY RATING DISCOUNT: 10%

RESERVE FUND ASSESSMENT: 15.0% PROBATION SURCHARGE: ANNUAL PREMIUM:

> HFIAA SURCHARGE: FEDERAL POLICY SERVICE FEE:

TOTAL: \$3,514,00 PRORATA PREMIUM ADJUSTMENT: \$0,00 ADJUSTED ANNUAL PREMIUM: \$3,514.00

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

Gregory E. Murphy 7 Chairman

brigg E. Mengh

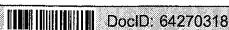
Zero Balance Due This Is Not A Bill

Company NAIC:

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

Policy issued by Selective Insurance Company of America

Page 1 of 2



File: 8308529



Agency Phone:

(808) 877-5053

02/09/2007

OTHER RESIDENTIAL

RCBAP LOW RISE

N/A

YES

SELECT

TWO FLOORS

NFIP Policy Number: FLD1190883 Company Policy Number: FLD1190883

Agent:

SERVCO INSURANCE



Policy Term:

02/09/2017 12:01 AM through 02/09/2018 12:01 AM

Renewal Billing Payor: INSURED

To report a claim visit or call us at: www.myselectiveflood.com

(877) 348-0552

REVISED FLOOD INSURANCE POLICY DECLARATIONS

RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

DELIVERY ADDRESS

INSURED NAME(S) AND MAILING ADDRESS

AGAO MAUI SANDS CONDO ASSN AND UNIT OWNERS ATIMA / C/O MANAGEMENT CONSULTANTS OF HI, INC

յուկիննդրուկինդիկնում||խումինութիրենկինիկին C/O ASSOCIA HAWAII

AOAO MAUI SANDS CONDO ASSN AND UNIT OWNERS ATIMA / C/O MANAGEMENT & THE LACE, SUITE 207 KIHEI, HI 96753

HI, INC.

C/O ASSOCIA HAWAII

375 HUKU LI'I PLACE, SUITE 207

KIHEI, HI 96753

RECEIVED

OCT 1 6 2017



COMPANY MAILING ADDRESS

Selective Insurance Company of America

PO BOX 782747

PHILADELPHIA, PA 19178-2747

3559 L. HONOAPIILANI RD

DESCRIPTION: N/A

RATING INFORMATION

ORIGINAL NEW BUSINESS DATE:

REINSTATEMENT DATE:

BUILDING OCCUPANCY:

CONDOMINIUM INDICATOR:

NUMBER OF UNITS:

PRIMARY RESIDENCE:

ADDITIONS/EXTENSIONS:

BUILDING TYPE:

BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: NO BASEMENT

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

ADDITIONAL INTEREST:

BUILDING

CONTENTS

PROPERTY LOCATION

BUILDING #6 LAHAINA, HI 96761

DATE OF CONSTRUCTION:

06/30/1969 150003 0351 F REGULAR PROGRAM COMMUNITY NUMBER:

COMMUNITY NAME:

CURRENT FLOOD ZONE:

GRANDFATHERED: FLOOD RISK/RATED ZONE:

ELEVATION DIFFERENCE:

ELEVATED BUILDING TYPE:

REPLACEMENT COST:

\$1,251,120

NON-ELEVATED

MAUL COUNTY

AF

NO

ΑE

N/A

SECOND MORTGAGEE:

DISASTER AGENCY:

LOAN NUMBER:

LOAN NUMBER: LOAN NUMBER:

N/A N/A

N/A

CASE FILE NUMBER: N/A **DISASTER AGENCY:**

PREMIUM CALCULATION —Pre-FIRM Subsidized

COVERAGE DEDUCTIBLE BASIC COVERAGE BASIC RATE

\$1,251,200

Endorsement Effective Date: 10/09/2017

ENDORSEMENT PREMIUM:

Insured / Mailing Address Changed

\$10,000

Coverage limitations may apply. See your policy form for details.

\$480,000 \$0

0.850 1.180

ADD'L COVERAGE \$771,200 \$0

ADD'L RATE

0.840 1.580

DED. DISCOUNT/SURCHARGE

(\$1,478.00) \$0.00

\$9,080.00 \$0.00

Standard

PREMIUM

\$70,00

\$0.00

(\$915.00)

\$1,235,00

\$9,470,00

\$250,00

\$400.00

\$0.00

12572

\$10,120.00

ANNUAL SUBTOTAL: INGREASED COST OF COMPLIANCE:

\$9,080.00

COMMUNITY RATING DISCOUNT: 10% RESERVE FUND ASSESSMENT: 15.0% PROBATION SURCHARGE

ANNUAL PREMIUM:

HFIAA SURCHARGE: FEDERAL POLICY SERVICE FEE: TOTAL:

PRORATA PREMIUM ADJUSTMENT:

ADJUSTED ANNUAL PREMIUM:

\$10,120.00

Gregory E. Murphy / Chairman

Zero Balance Due This Is Not A Bill

Company NAIC:

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Policy Issued by Selective Insurance Company of America

File: 8308525

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

Page 1 of 2





Agency Phone:

(808) 877-5053

NFIP Policy Number: FLD1190881 Company Policy Number: FLD1190881

Agent:

SERVCO INSURANCE



Policy Term:

02/09/2017 12:01 AM through 02/09/2018 12:01 AM

INSURED Renewal Billing Payor:

To report a claim

www.myselectiveflood.com

visit or call us at: (877) 348-0552

REVISED FLOOD INSURANCE POLICY DECLARATIONS

RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

INSURED NAME(S) AND MAILING ADDRESS

ADAO MAUI SANDS CONDO ASSN & UNIT OWNERS ATIMA / C/O MANAGEMENT CONSULTANTS OF HI, INC

C/O ASSOCIA HAWAII

AOAO MAUI SANDS CONDO ASSN & UNIT OWNERS ATIMA / C/O MANAGEMENT CONSULTARTS UP MILACE, SUITE 207

C/O ASSOCIA HAWAII

375 HUKU LI'I PLACE, SUITE 207

KIHEI, HI 96753

RECUVED

OCT 1 6 2017

COMPANY MAILING ADDRESS

Selective Insurance Company of America

PO BOX 782747

PHILADELPHIA, PA 19178-2747

PROPERTY LOCATION

3559 L. HONOAPIILANI RD

BUILDING#4 LAHAINA, HI 96761

KIHEI, HI 96753

DESCRIPTION: N/A

RATING INFORMATION

REINSTATEMENT DATE:

ORIGINAL NEW BUSINESS DATE:

02/09/2007

N/A

BUILDING OCCUPANCY:

OTHER RESIDENTIAL

CONDOMINIUM INDICATOR:

RCBAP LOW RISE

NUMBER OF UNITS: PRIMARY RESIDENCE: ADDITIONS/EXTENSIONS:

YES

BUILDING TYPE:

FIRST MORTGAGEE:

SELECT TWO FLOORS

BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: NO BASEMENT

DATE OF CONSTRUCTION:

COMMUNITY NUMBER:

06/30/1969 150003 0351 F REGULAR PROGRAM

COMMUNITY NAME: MAULCOUNTY ΑE

CURRENT FLOOD ZONE: NO

GRANDFATHERED: FLOOD RISK/RATED ZONE:

ELEVATION DIFFERENCE:

ΑE N/A

ELEVATED BUILDING TYPE: REPLACEMENT COST:

NON-ELEVATED

\$1,418,200

LOAN NUMBER:

N/A N/A

SECOND MORTGAGEE: ADDITIONAL INTEREST: LOAN NUMBER: LOAN NUMBER:

N/A

DISASTER AGENCY:

CONTENTS

CASE FILE NUMBER: N/A DISASTER AGENCY:

PREMIUM CALCULATION — Pre-FIRM Subsidized

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

COVERAGE DEDUCTIBLE BASIC COVERAGE

BUILDING \$1,418,200

\$10,000

\$480,000

BASIC RATE 0.850

ADD'L COVERAGE \$938,200

ADD'L RATE 0.840

DED. DISCOUNT/SURCHARGE (\$1,675.00)

PREMIUM \$10,286.00

1.180 Coverage limitations may apply. See your policy form for details.

Endorsement Effective Date: 10/09/2017 **ENDORSEMENT PREMIUM:**

Insured / Mailing Address Changed

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

\$0

1.580

\$0.00 ANNUAL SUBTOTAL:

\$0.00 \$10,286.00

\$70.00

\$0.00

\$400.00

\$11,368.00 \$0.00

\$11,368.00

(\$1,036,00)

Standard

INCREASED COST OF COMPLIANCE: COMMUNITY RATING DISCOUNT: 10% RESERVE FUND ASSESSMENT: 15.0% PROBATION SURCHARGE:

\$1,398.00 ANNUAL PREMIUM: \$10,718.00 \$250.00

HFIAA SURCHARGE: FEDERAL POLICY SERVICE FEE: TOTAL:

PRORATA PREMIUM ADJUSTMENT: ADJUSTED ANNUAL PREMIUM:

Gregory E. Murphy / Chairman

Zero Balance Due This Is Not A Bill

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the maximum amount available for this building, whichever is less, a co-insurance penalty will be applied to the claims settlement. Policy issued by Selective Insurance Company of America

Company NAIC:

12572

File: 8308517

Page 1 of 2





Agency Phone:

(808) 877-5053

NFIP Policy Number: FLD1190879 Company Policy Number: FLD1190879

Agent:

SERVCO INSURANCE



Policy Term:

02/09/2017 12:01 AM through 02/09/2018 12:01 AM

Renewal Billing Payor: INSURED

To report a claim visit or call us at: www.myselectiveflood.com

(877) 348-0552

REVISED FLOOD INSURANCE POLICY DECLARATIONS

RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

INSURED NAME(S) AND MAILING ADDRESS

AOAO MAUI SANDS CONDO ASSN AND UNIT OWNERS ATIMA / C/O MANAGEMENT CONSULTANTS OF HAWAII, INC.

- Ալվերեկի ների գների վերականի վերի գիկանի վեր ինչ արև բանի հինչ արև անկանի հիմանականի հայարարարանի հայարարան C/O ASSOCIA HAWAII

AOAO MAUI SANDS CONDO ASSN AND UNIT OWNERS ATIMA / C/O MANAGEMENT & THE LOT LACE, SUITE 207 LELY LELY KIHEI, HI 96753

HAWAII, INC.

C/O ASSOCIA HAWAII

375 HUKU LI'I PLACE, SUITE 207

KIHEI, HI 96753

OCT 1 6 2017



COMPANY MAILING ADDRESS

Selective Insurance Company of America

PO BOX 782747

PHILADELPHIA, PA 19178-2747

PROPERTY LOCATION

3559 L. HONOAPIILANI RD

BUILDING #2 LAHAINA, HI 96761

DESCRIPTION: N/A

RATING INFORMATION

ORIGINAL NEW BUSINESS DATE:

REINSTATEMENT DATE:

N/A

BUILDING OCCUPANCY:

OTHER RESIDENTIAL RCBAP LOW RISE

CONDOMINIUM INDICATOR: NUMBER OF UNITS:

YES

02/09/2007

PRIMARY RESIDENCE: ADDITIONS/EXTENSIONS: **BUILDING TYPE:**

SELECT

BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: NO BASEMENT

TWO FLOORS

DATE OF CONSTRUCTION:

COMMUNITY NUMBER: COMMUNITY NAME:

06/30/1969 150003 0351 F REGULAR PROGRAM

MAUL COUNTY

CURRENT FLOOD ZONE: AE

GRANDFATHERED: NO

FLOOD RISK/RATED ZONE: **ELEVATION DIFFERENCE:**

ΑE N/A

ELEVATED BUILDING TYPE: NON-ELEVATED REPLACEMENT COST: \$1,251,120

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

SECOND MORTGAGEE:

ADDITIONAL INTEREST:

DISASTER AGENCY:

CONTENTS

LOAN NUMBER: LOAN NUMBER: N/A N/A

LOAN NUMBER:

N/A

CASE FILE NUMBER: N/A **DISASTER AGENCY:**

PREMIUM CALCULATION —Pre-FIRM Subsidized

COVERAGE DEDUCTIBLE BASIC COVERAGE BUILDING \$1,251,200

\$10,000

\$480,000 \$0 BASIC RATE 0.850

1.180

ADD'L COVERAGE \$771,200

ADD'L RATE \$0

DED. DISCOUNT/SURCHARGE (\$1,478.00)

\$9,080.00 \$0.00

Standard

PREMIUM

\$9,080,00

(\$915.00)

\$1,235.00

\$9,470.00

\$10,120.00

\$70,00

\$0.00

Coverage limitations may apply. See your policy form for details. Endorsement Effective Date: 10/09/2017

ENDORSEMENT PREMIUM:

Insured / Mailing Address Changed

0.840 1.580 \$0.00 ANNUAL SUBTOTAL:

INGREASED COST OF COMPLIANCE: COMMUNITY RATING DISCOUNT: 10% RESERVE FUND ASSESSMENT: 15.0% PROBATION SURCHARGE:

ANNUAL PREMIUM:

HFIAA SURCHARGE: FEDERAL POLICY SERVICE FEE: TOTAL:

\$250.00 \$400.00 \$10,120.00 \$0.00

PRORATA PREMIUM ADJUSTMENT: ADJUSTED ANNUAL PREMIUM:

Gregory E. Murphy / Chairman

Zero Balance Due This Is Not A Bill

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Policy issued by Selective Insurance Company of America

Company NAIC:

12572

File: 8308511

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

Page 1 of 2





Agency Phone:

(808) 877-5053

NFIP Policy Number: FLD1190882 Company Policy Number: FLD1190882

Agent:

SERVCO INSURANCE



Policy Term:

02/09/2017 12:01 AM through 02/09/2018 12:01 AM

Renewal Billing Payor: INSURED

To report a claim visit or call us at: www.myselectiveflood.com

(877) 348-0552

REVISED FLOOD INSURANCE POLICY DECLARATIONS

RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

DELIVERY ADDRESS

INSURED NAME(S) AND MAILING ADDRESS

AOAO MAUI SANDS CONDO ASSN AND UNIT OWNERS ATIMA / C/O MANAGEMENT CONSULTANTS OF HI, INC

AOAO MAUI SANDS CONDO ASSIN AND UNIT OWNERS ATIMA / C/O MANAGEMENT CONSULTANTS OF HIL INC.

C/O ASSOCIA HAWAII 275 HUKU LI'I PLACE, SUITE 207 KIHEI, HI 96753

C/O ASSOCIA HAWAII 275 HUKU LI'I PLACE, SUITE 207

KIHEI, HI 96753

RECEIVED

150003 0351 F REGULAR PROGRAM

OCT 14 2017

cmi iaa

COMPANY MAILING ADDRESS

Selective Insurance Company of America

PO BOX 782747

PHILADELPHIA, PA 19178-2747

PROPERTY LOCATION

3559 L. HONOAPIILANI RD

BUILDING #5 LAHAINA, HI 96761

DESCRIPTION: N/A

RATING INFORMATION

ORIGINAL NEW BUSINESS DATE:

REINSTATEMENT DATE:

BUILDING OCCUPANCY:

CONDOMINIUM INDICATOR:

NUMBER OF UNITS:

PRIMARY RESIDENCE: ADDITIONS/EXTENSIONS:

BUILDING TYPE:

YES SELECT TWO FLOORS

N/A

02/09/2007

OTHER RESIDENTIAL

RCBAP LOW RISE

BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: NO BASEMENT

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

DATE OF CONSTRUCTION: COMMUNITY NUMBER:

COMMUNITY NAME:

CURRENT FLOOD ZONE: GRANDFATHERED:

FLOOD RISK/RATED ZONE:

ELEVATION DIFFERENCE: ELEVATED BUILDING TYPE:

REPLACEMENT COST:

\$1,418,200

NON-ELEVATED

06/30/1969

AE

NO

AE.

MAUL COUNTY

N/A

SECOND MORTGAGEE:

FIRST MORTGAGEE:

ADDITIONAL INTEREST:

DISASTER AGENCY:

CONTENTS

LOAN NUMBER:

LOAN NUMBER:

N/A N/A

LOAN NUMBER:

CASE FILE NUMBER: N/A **DISASTER AGENCY:**

PREMIUM CALCULATION — Pre-FIRM Subsidized

COVERAGE DEDUCTIBLE BASIC COVERAGE BASIC RATE ADD'L COVERAGE BUILDING \$1,418,200

\$10,000

\$480,000

0.850 1.180

\$938,200

ADD'L RATE

0.840 1.580

DED. DISCOUNT/SURCHARGE (\$1,675.00)

\$10,286,00 \$0.00

Standard

<u>PREMIUM</u>

\$10,286,00

(\$1,036,00)

\$1,398.00

\$10.718.00

\$11,368.00

\$250.00

\$70.00

\$0.00

Coverage limitations may apply. See your policy form for details. Endorsement Effective Date: 10/09/2017

ENDORSEMENT PREMIUM:

Insured / Mailing Address Changed

\$0

ANNUAL SUBTOTAL:

\$0.00

INCREASED COST OF COMPLIANCE: COMMUNITY RATING DISCOUNT: RESERVE FUND ASSESSMENT: 15.0% PROBATION SURCHARGE:

ANNUAL PREMIUM: HFIAA SURCHARGE: FEDERAL POLICY SERVICE FEE:

ADJUSTED ANNUAL PREMIUM:

\$400.00 TOTAL: \$11,368.00 PRORATA PREMIUM ADJUSTMENT: \$0.00

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

Gregory E. Murphy / Chairman

Zero Balance Due This is Not A Bill

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

This is a Residential Condominium Building Association Policy. If, at the time of the loss, the building is not insured within 80% of the replacement cost of the building or the maximum amount available for this building, whichever is less, a co-insurance penalty will be applied to the claims settlement.

Policy issued by Selective Insurance Company of America

Company NAIC:

12572

||||| | || ||||| File: 8308521

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