SELECTIVE
BE UNIQUELY INSURED®

THE HILB GROUP OF FLORIDA LLC
17595 S TAMIAMI TRL STE 107
FORT MYERS, FL 33908-4571

NOVEMBER 10, 2026

MARSH LANDING CONDO IX
C/O NEXTGEN COMMUNITY MANAGEMENT
9410 CORKSCREW PALMS CIRCLE, UNIT 201
ESTERO, FL 33928

Subject: **Your New Flood Insurance Policy from Selective**

Policy Number:	FLD3433170
Insured(s):	MARSH LANDING CONDO IX
Property Location:	23002-23008 LONE OAK DR ESTERO, FL 33928-4334

Dear Valued Customer:

Thank you for choosing Selective for your flood insurance needs.

Enclosed you will find your Flood Policy Declarations Page, the National Flood Insurance Program's Summary of Coverage, Selective's Notice of Information Practices, and Claims Guidelines in Case of a Flood.

Please review your Declarations Page to ensure the information is accurate. Inaccurate information may impact your policy's premium. If any changes are needed, please contact your agency or email our customer service team: FloodCustomerService@selective.com. Questions regarding prior claims history must be directed to the Federal Emergency Management Agency (FEMA) at (877) 336-2627 or FEMAMapSpecialist@riskmapods.com.

If you find that your renewal premium is lower than the Full Risk Premium shown on your Declarations Page, this may be because your policy was previously rated using subsidized rates. FEMA has recently reformed its rating methodology. **This new rating methodology is commonly referred to as Risk Rating 2.0 (RR 2.0). RR 2.0 utilizes equitable rates based on the value of your property and its exposure to flood risks**. The Full Risk Premium shown on your Declarations Page is the total cost of flood insurance for your property calculated under RR 2.0. If your renewal premium is lower than the Full Risk Premium, as long as your policy does not lapse your annual premium increase will be capped at 18% until the renewal premium reaches the Full Risk Premium. For more information on RR 2.0, please visit **www.SelectiveFlood.com or FEMA's website at www.floodsmart.gov/premiumcosts.**

To view your flood insurance policy, visit **customer.myselectiveflood.com**. If you would like a copy of the policy emailed or mailed to you, please contact our customer service team at (877) 348-0552 or selectivefloodpolicy@selective.com. Unless we hear from you, we will assume that you can view your policy through our customer website.

Don't forget to take advantage of our self-service capabilities by visiting our website **customer.myselectiveflood.com**. Our self-service site makes it easy for you to:

- Pay your renewal premium.
- Sign up for electronic delivery of your flood insurance documents.
- Update your mailing address and other information on your policy.
- Report and track the status of a flood claim and more.

We appreciate your business. Together with your agent, we look forward to serving you.

Sincerely,

Cassie Masone - Vice President Flood Operations
Selective Insurance Company of America

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CLAIM GUIDELINES IN CASE OF A FLOOD

For the protection of you and your family, the following claim guidelines are provided by the National Flood Insurance Program (NFIP). If you are ever in doubt as to what action is needed, consult your insurance representative.

- Notify Selective Insurance or your insurance representative as soon as possible after the flood.
- If you have not been contacted by an adjuster within 24 - 48 hours after you reported the claim to your insurance representative please call Selective Insurance at (877) 348-0552.
- As soon as possible, separate damaged property from undamaged property so that damage can be inspected and evaluated.
- Discuss with the claims adjuster any need you may have for an advance or partial payment for your loss.
- To help the claims adjuster, try to take photographs of the outside of the premises showing the flooding and the damage and photographs of the inside of the premises showing the height of the water and the damaged property.
- Place all account books, financial records, receipts, and other loss verification material in a safe place for examination and evaluation by the claims adjuster.
- Work cooperatively and promptly with the claims adjuster to determine and document all claim items.
- Make sure that the claims adjuster fully explains, and that you fully understand, all allowances and procedures for processing claim payments on the basis of your proof of loss. This policy requires you to send us detailed proof of loss within 60 days after the loss.
- Coverage problems and claim allowance restrictions will be communicated directly from Selective Insurance or the NFIP. Claims adjusters are not authorized to approve or deny claims; their job is to report to the Selective Insurance or the NFIP on the elements of flood cause and damage.
- At our option, we may accept an adjuster’s report of the loss instead of your proof of loss. The adjuster’s report will include information about your loss and the damages to your insured property. You must sign the adjuster’s report. At our option, we may require you to swear to the report.

Important Information About The National Flood Insurance Program (NFIP)

Federal law requires insurance companies that participate in the NFIP to provide you with the enclosed Summary of Coverage. It’s important to understand that the Summary of Coverage only provides a general overview of the coverage afforded under your policy. You will need to review your flood insurance policy, Declarations Page, and any applicable endorsements for a complete description of your coverage. The enclosed Declarations Page indicates the coverage you purchased, your policy limits and amount of your deductible.

You will soon receive additional information about the National Flood Insurance Program from FEMA. This information will include a Claims Handbook, a history of flood losses that have occurred on your property as contained in FEMA’s data base, and an acknowledgement letter.

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17595 S TAMIAMI TRL STE 107
FORT MYERS, FL 33908-4571

Agency Phone: (800) 775-8526

NFIP Policy Number: 0003433170
Company Policy Number: FLD3433170
Agent: THE HILB GROUP OF FLORIDA LLC

Payor: INSURED
Policy Term: 11/12/2026 12:01 AM - 11/12/2027 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

MARSH LANDING CONDO IX
C/O NEXTGEN COMMUNITY MANAGEMENT
9410 CORKSCREW PALMS CIRCLE, UNIT 201
ESTERO, FL 33928

INSURED NAME(S) AND MAILING ADDRESS

MARSH LANDING CONDO IX
C/O NEXTGEN COMMUNITY MANAGEMENT
9410 CORKSCREW PALMS CIRCLE, UNIT 201
ESTERO, FL 33928

COMPANY MAILING ADDRESS

Selective Ins Co of the Southeast
PO BOX 782747
PHILADELPHIA, PA 19178-2747

INSURED PROPERTY LOCATION

23002-23008 LONE OAK DR
ESTERO, FL 33928-4334

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

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 4 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 2 FLOOR(S)
PRIOR NFIP CLAIMS: 0 CLAIM(S)

REPLACEMENT COST VALUE: $1,359,367.00
DATE OF CONSTRUCTION: 01/01/2006
CURRENT FLOOD ZONE: AE
FIRST FLOOR HEIGHT (FFH): 0.3 FEET
MOST FAVORABLE FFH METHOD: FEMA DETERMINED

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

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

SEE POLICY FORM FOR INFORMATION ON COVERAGE LIMITATIONS AND COINSURANCE PENALTIES.
PLEASE REVIEW THIS DECLARATION PAGE. INACCURATE INFORMATION MAY LEAD TO CLAIM PROCESSING DELAYS.
QUESTIONS OR CHANGES NEEDED, PLEASE CONTACT YOUR AGENCY.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	$4,908.00
CONTENTS PREMIUM:	$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	$75.00
MITIGATION DISCOUNT:	($0.00)
COMMUNITY RATING SYSTEM REDUCTION:	($1,198.00)
FULL RISK PREMIUM:	**$3,785.00**
ANNUAL INCREASE CAP DISCOUNT:	($0.00)
STATUTORY DISCOUNTS:	($0.00)
DISCOUNTED PREMIUM:	**$3,785.00**
RESERVE FUND ASSESSMENT:	$681.00
HFIAA SURCHARGE:	$250.00
FEDERAL POLICY FEE:	$188.00
PROBATION SURCHARGE:	$0.00
TOTAL ANNUAL PREMIUM:	**$4,904.00**

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 the Southeast

Insurer NAIC Number: 39926

Printed 11/10/2026

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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.

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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.

DISCLOSURE OF INFORMATION

Information we collect about you will not be given to anyone without your consent, except when necessary to conduct our business. There are some disclosures which may be made without your prior authorization. These include:

_____ Persons or organizations who need the information to perform a professional, business or insurance function for us, such as businesses that assist us with data processing or marketing.
_____ Other insurance companies, agents, or consumer reporting agencies as it may be needed in connection with any application, policy or claim involving you.
_____ Adjusters, appraisers, investigators and attorneys who need the information to investigate or settle a claim involving you.
_____ An insurance-support organization which is established to collect information for the purpose of detecting and preventing insurance crimes or fraudulent claims.
_____ A medical professional or institution to verify your insurance coverage or inform you of a medical condition of which you may not be aware.
_____ Persons or organizations that conduct scientific research, including actuarial or underwriting studies.
_____ Persons or organizations that will use the information for sales purposes, unless you indicate in writing to us that you do not want the information disclosed for this purpose.
_____ Our affiliated companies for auditing our operations and for marketing an insurance product or service.

In addition, we may provide information to state insurance departments in connection with their regulatory authority and to other governmental or law enforcement authorities to protect our legal interests or in cases of suspected fraud or illegal activities.

YOUR INSURANCE POLICY FILES

Information we collect about you will be kept in our policy files. We may refer to this information if you file a claim for benefits under any policy you have with us or if you apply to us for a new policy. You have the right to know what kind of information we keep in our files about you, to have access to the information, and to receive a copy. There are some types of information; however, to which we are not required to give you access. This type of information is generally collected when we evaluate a claim or when the possibility of a lawsuit exists.

If you want information from your files, please contact us. There may be a nominal charge for copies of records. If you think your file contains incorrect information, notify us indicating what you believe is incorrect and your reasons. We will reinvestigate the matter and either correct our records or place a statement from you in our files explaining why you believe the information is incorrect. We will also notify persons or organizations to whom we previously disclosed the information of the change or your statement.

CONFIDENTIALITY AND SECURITY OF PERSONAL INFORMATION

We restrict access to personal information to those individuals who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with legal standards and ensure the confidentiality of personal information in accordance with our policy.

TREATMENT OF PERSONAL INFORMATION OF FORMER CUSTOMERS AND APPLICANTS

We adhere to this personal information privacy policy even when a customer relationship no longer exists. Disclosures about former applicants and customers may be made without prior authorization as permitted by law.

If you have any questions about our information practices, please contact us.