

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 09/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

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PRODUCER	CONTACT NAME:						
nsurance Office of America	PHONE (A/C, No, Ext): (813) 637-8877 FAX (A/C, No): (813) 6	637-8484					
I830 W Kennedy Blvd Suite 140	E-MAIL ADDRESS:						
Tampa, FL 33609	PRODUCER CUSTOMER ID: SUNSREE-01						
	INSURER(S) AFFORDING COVERAGE						
INSURED	INSURER A: American Bankers Insurance Company of Florida	10111					
Sunset Reef Homeowners Association, Inc.	INSURER B:						
c/o Ameri-Tech Community Management	INSURER C:						
24701 US Hwy 19 N, Ste 102 Clearwater. FL 33763	INSURER D:						
Clear water, FL 33703	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Borrower - Jason T. and Patricia A. Miller / Property Address - 17960 Gulf Blvd. Apt. 110, Redington Shores, FL 33708

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS
	PROPERTY						BUILDING	\$
CA	USES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$
	BASIC	BUILDING					BUSINESS INCOME	\$
	BROAD	CONTENTS					EXTRA EXPENSE	\$
	SPECIAL	0011121110					RENTAL VALUE	\$
	EARTHQUAKE						BLANKET BUILDING	\$
	WIND						BLANKET PERS PROP	\$
	FLOOD						BLANKET BLDG & PP	\$
								\$
								\$
	INLAND MARINE		TYPE OF POLICY					\$
CA	CAUSES OF LOSS							\$
	NAMED PERILS		POLICY NUMBER					\$
								\$
	CRIME							\$
TY	TYPE OF POLICY							\$
								\$
	BOILER & MACH	IINERY /						\$
	EQUIPMENT BR	EAKDOWN						\$
Pe	rsonal NFIP	Flood	6900013001	09/13/2025	09/13/2026	Х	See Attached	\$
							1	\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Fifth Third Bank, N.A. PO Box 391197 Solon, OH 44139-8197	AUTHORIZED REPRESENTATIVE

ACORD 24 (2016/03)



American Bankers Insurance Company of Florida Scottsdale, AZ

Revised Flood Insurance Policy Declarations

This Declarations Page is part of your Policy.

Policy Term: 09/13/2025 (12:01 a.m.) to 09/13/2026 (12:01 a.m.)

Endorsement Effective Date: 09/16/2025 (12:01 a.m.)

NAIC: 10111

First Mortgagee / Lender Name: **Policy Number:** 6900013001

FIFTH THIRD BANK **Named Insured and Mailing Address: ISAOA ATIMA** JASON & PATRICIA MILLER PO BOX 391197

C/O SUNSET REEF HOA 24701 US HIGHWAY 19 N STE 102

CLEARWATER, FL 33763-4086

Loan Number:

SOLON, OH 44139-8197

Second Mortgagee / Lender Name: Producer Number: 60353-59492-002

Premium Payor: INSURED

Property Location:

17960 GULF BLVD **Loan Number:** BLDG 1 #110

REDINGTON SHRS, FL 33708-1140

Other | Loss Payee:

For Service Please Contact: INSURANCE OFFICE OF AMERICA **1855 W STATE ROAD 434** LONGWOOD, FL 32750-5069 305-491-3728

Loan Number:

LOCATION AND PROPERTY INFORMATION

Date of Construction: 01/01/1989 Primary Residence: No Prior NFIP Claims: 0 claim(s) Building Occupancy: Single-Family Home First Floor Height: 0.00 ft Method Used to Determine First Floor Height: Elevation Certificate Replacement Cost: \$301,515 Building Description: Main Dwelling

Property Description: ELEVATED WITH ENCLOSURE ON SOLID FOUNDATION WALLS, TWO FLOORS, FRAME

CONSTRUCTION

Your property's NFIP flood claims history can affect your premium. Prior Claims counted are from April 1, 2023 and after.

CRAGE AND PREM	MIUM INFORMATI	ON Rate Category: FEM	1A F	Rating Engine
Coverage Type	Coverage Limit	Deductible		Premium
Building	\$ 250,000	\$ 1,250	\$	4,350.00
Contents	\$ 0	\$ 0	\$	0.00
		Increased Cost of Compliance:	\$	75.00
		Community Rating System Discount:	\$	-15.00
		Full Risk Premium Excluding Fees and Surcharges:	\$	4,410.00
STATUTORY D	ISCOUNTS	Annual Increase Cap Discount:	\$	-3,436.00
		Discounted Premium:	\$	974.00
FEES AND SUR	CHARGES	Reserve Fund Assessment:	\$	175.00
	Homeowner Floo	d Insurance Affordability Act of 2014 (HFIAA) Surcharge:	\$	250.00
		Federal Policy Fee:	\$	47.00
TOTAL REVISE	ED ANNUAL PREM	IUM, DISCOUNTS, FEES AND SURCHARGES	\$	1.446.00