SELECTIVE[®]

GLOBAL INDEMNITY INSURANCE AGENCY INC 20 HIGHLAND AVE METUCHEN, NJ 08840-1949

NFIP Policy Number: Company Policy Number: FLD1005005 Agent:

FLD1005005 GLOBAL INDEMNITY INSURANCE AGENCY INC



Policy Term: Renewal Billing Payor: 01/10/2014 12:01 AM through 01/10/2015 12:01 AM INSURED

To report a claim, call: (877) 348-0552 Agency Phone: (732) 632-2790

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

STANDARD POLICY - GENERAL PROPERTY FORM

DELIVERY ADDRESS 002343 0.5530 SP 00.500 8 1 100 նվեսովեկելոլուներինիկելերին երեսերե PATRICIA HERSHEY 8/2343 C/O BIG TOP ARCADE 1020 BOARDWALK SEASIDE HEIGHTS NJ 08751

INSURED NAME(S) AND MAILING ADDRESS PATRICIA HERSHEY C/O BIG TOP ARCADE **1020 BOARDWALK** SEASIDE HEIGHTS, NJ 08751



COMPANY MAILING ADDRESS Selective Insurance Company of New England **40 WANTAGE AVENUE** BRANCHVILLE, NJ 07890

PROPERTY LOCATION 1020 BOARDWALK SEASIDE HEIGHTS, NJ 08751-2124

DESCRIPTION: NON-RESIDENTIAL

RATING INFORMATION								
BUILDING OCCUPANCY: CONDOMINIUM INDICATO NUMBER OF UNITS: PRIMARY RESIDENCE: ADDITIONS/EXTENSIONS BUILDING TYPE: ELEVATED BUILDING TY BASEMENT/ENCLOSURE MORTGAGEE / ADDITION	OR: NOT A CC N/A NO S: N/A THREE OI 'PE: ELEVATE E/CRAWLSPACE TYP NAL INTEREST INFOR	NDO R MORE FLOORS D E: UNFINISHED ENCLOSU RMATION	RE WITHOUT PROF	CO CU GR FLC ELE	TE OF CONSTRU MMUNITY NUMBI MMUNITY NAME: RRENT FLOOD Z ANDFATHERED: DOD RISK/RATED VATION DIFFER PLACEMENT COS	ER: 340389 0329 SEASIDE HEIC ONE: AE NO 2 ZONE: AE ENCE: -2 ST: N/A	GHTS, BORC	DUGH OF
	RTGAGEE: OCEAN FIRST BANK, ISAOA/ATIMA ATTN: WILLIAM RUKERT III 975 HOOPER AVENUE TOMS RIVER, NJ 08754-2009						ER: N	I/A
SECOND MORTGAGEE: WELLS FARGO BANK N.A. ISAOA BUSINESS REAL ESTATE FINANCE 3033 ELDER STREET BOISE, ID 83705							ER: N	I/A
ADDITIONAL INTEREST:						LOAN NUMB	ER: N	I/A
DISASTER AGENCY:						CASE FILE N		I/A
PREMIUM CALCU	JLATION -					S	ubmit fo	r Rate
BUILDING \$500,0 CONTENTS \$500,0	\$1,000	BASIC COVERAGE \$175,000 \$150,000	BASIC RATE 0.86 0.22	ADD'L COVERAC \$325,00 \$350,00	0.08		100 March 100 Ma	PREMIUM \$1,765.00 \$750.00
Coverage limitatio	ons may apply.	See your polic	y form for (details.	COMMUN	ANNUAL SUBTO EASED COST OF COMPLIA ITY RATING DISCOUNT: VE FUND ASSESSMENT: PROBATION SURCHA ANNUAL PREM EDERAL POLICY SERVICE	NCE: 0% 5.0% RGE: MIUM:	\$2,515.00 \$6.00 \$126.00 \$126.00 \$2,647.00 \$44.00 \$2,691.00
IN WITNESS WHEREOF, I have	ve signed this policy below a	and enter in to this Insurance	Agreement					
de la un	\ \		han m	asaly /		Zero Bal	ance	Due

Policy issued by Selective Insurance Company of New England

File: 6089720

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DocID: 31585617