



SERVCO INSURANCE  
360 HOOHANA ST STE 105  
KAHULUI, HI 96732-3504

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

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**



AOAO MAUI SANDS CONDO ASSN & UNIT OWNERS ATIMA / C/O MANAGEMENT CONSULTANTS OF HI, INC.  
C/O ASSOCIA HAWAII  
375 HUKU LII PLACE, SUITE 207  
KIHEI, HI 96753

**INSURED NAME(S) AND MAILING ADDRESS**

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

C/O ASSOCIA HAWAII  
375 HUKU LII PLACE, SUITE 207  
KIHEI, HI 96753

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OCT 16 2017



**COMPANY MAILING ADDRESS**

Selective Insurance Company of America  
PO BOX 782747  
PHILADELPHIA, PA 19178-2747

**PROPERTY LOCATION**

3559 L. HONOAPIILANI RD  
BUILDING # 1  
LAHAINA, HI 96761

DESCRIPTION: N/A

**RATING INFORMATION**

ORIGINAL NEW BUSINESS DATE: 02/09/2007  
REINSTATEMENT DATE: N/A  
BUILDING OCCUPANCY: OTHER RESIDENTIAL  
CONDOMINIUM INDICATOR: RCBAP LOW RISE  
NUMBER OF UNITS: 12  
PRIMARY RESIDENCE: 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: MAUI COUNTY  
CURRENT FLOOD ZONE: AE  
GRANDFATHERED: NO  
FLOOD RISK/RATED ZONE: AE  
ELEVATION DIFFERENCE: N/A  
ELEVATED BUILDING TYPE: NON-ELEVATED  
REPLACEMENT COST: \$1,960,500

**MORTGAGEE / ADDITIONAL INTEREST INFORMATION**

FIRST MORTGAGEE: LOAN NUMBER: N/A  
SECOND MORTGAGEE: LOAN NUMBER: N/A  
ADDITIONAL INTEREST: LOAN NUMBER: N/A  
DISASTER AGENCY: CASE FILE NUMBER: N/A  
DISASTER AGENCY:

**PREMIUM CALCULATION — Pre-FIRM Subsidized**

	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	Standard PREMIUM
BUILDING	\$1,960,500	\$10,000	\$720,000	0.850	\$1,240,500	0.840	(\$2,316.00)	\$14,224.00
CONTENTS	\$0	\$0	\$0	1.180	\$0	1.580	\$0.00	\$0.00

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

Endorsement Effective Date: 10/09/2017

ENDORSEMENT PREMIUM: \$0.00

Insured / Mailing Address Changed

ANNUAL SUBTOTAL:	\$14,224.00
INCREASED COST OF COMPLIANCE:	\$70.00
COMMUNITY RATING DISCOUNT: 10%:	(\$1,429.00)
RESERVE FUND ASSESSMENT: 15.0%:	\$1,930.00
PROBATION SURCHARGE:	\$0.00
ANNUAL PREMIUM:	\$14,795.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$800.00
TOTAL:	\$15,845.00
PRORATA PREMIUM ADJUSTMENT:	\$0.00
ADJUSTED ANNUAL PREMIUM:	\$15,845.00

**Zero Balance Due  
This Is Not A Bill**

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

Michael H. Lanza / Secretary

Gregory E. Murphy / Chairman

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: 8308508

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DocID: 64269834



SERVCO INSURANCE  
360 HOOHANA ST STE 105  
KAHULUI, HI 96732-3504

Agency Phone: (808) 877-5053

NFIP Policy Number: FLD1190880  
Company Policy Number: FLD1190880  
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**



AOAO MAUI SANDS CONDO ASSN & UNIT OWNERS ATIMA / C/O MANAGEMENT CONSULTANTS OF HAWAII, INC.  
HAWAII, INC.  
C/O ASSOCIA HAWAII  
375 HUKU LI'I PLACE, SUITE 207  
KIHEI, HI 96753

**INSURED NAME(S) AND MAILING ADDRESS**

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

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

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OCT 16 2017



**COMPANY MAILING ADDRESS**

Selective Insurance Company of America  
PO BOX 782747  
PHILADELPHIA, PA 19178-2747

**PROPERTY LOCATION**

3559 L. HONOAPILANI RD  
BUILDING #3  
LAHAINA, HI 96761

DESCRIPTION: N/A

**RATING INFORMATION**

ORIGINAL NEW BUSINESS DATE: 02/09/2007  
REINSTATEMENT DATE: N/A  
BUILDING OCCUPANCY: OTHER RESIDENTIAL  
CONDOMINIUM INDICATOR: RCBAP LOW RISE  
NUMBER OF UNITS: 12  
PRIMARY RESIDENCE: 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: MAUI COUNTY  
CURRENT FLOOD ZONE: AE  
GRANDFATHERED: NO  
FLOOD RISK/RATED ZONE: AE  
ELEVATION DIFFERENCE: N/A  
ELEVATED BUILDING TYPE: NON-ELEVATED  
REPLACEMENT COST: \$1,960,500

**MORTGAGEE / ADDITIONAL INTEREST INFORMATION**

FIRST MORTGAGEE: LOAN NUMBER: N/A  
SECOND MORTGAGEE: LOAN NUMBER: N/A  
ADDITIONAL INTEREST: LOAN NUMBER: N/A  
DISASTER AGENCY: CASE FILE NUMBER: N/A  
DISASTER AGENCY:

**PREMIUM CALCULATION – Pre-FIRM Subsidized**

	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM	Standard
BUILDING	\$1,960,500	\$10,000	\$720,000	0.850	\$1,240,500	0.840	(\$2,316.00)	\$14,224.00	
CONTENTS	\$0	\$0	\$0	1.180	\$0	1.580	\$0.00	\$0.00	

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

Endorsement Effective Date: 10/09/2017

ENDORSEMENT PREMIUM: \$0.00

Insured / Mailing Address Changed

ANNUAL SUBTOTAL:	\$14,224.00
INCREASED COST OF COMPLIANCE:	\$70.00
COMMUNITY RATING DISCOUNT: 10%	(\$1,429.00)
RESERVE FUND ASSESSMENT: 15.0%	\$1,930.00
PROBATION SURCHARGE:	\$0.00
ANNUAL PREMIUM:	\$14,795.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$800.00
TOTAL:	\$15,845.00
PRORATA PREMIUM ADJUSTMENT:	\$0.00
ADJUSTED ANNUAL PREMIUM:	\$15,845.00

**Zero Balance Due  
This Is Not A Bill**

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

Michael H. Lanza / Secretary

Gregory E. Murphy / Chairman

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: 8308513

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DocID: 64270061



SERVCO INSURANCE  
360 HOOHANA ST STE 105  
KAHALUI, HI 96732-3504

Agency Phone: (808) 877-5053

NFIP Policy Number: FLD1190885  
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

## REVISED FLOOD INSURANCE POLICY DECLARATIONS

STANDARD POLICY - DWELLING FORM

**DELIVERY ADDRESS**



AOAO MAUI SANDS CONDO ASSN AND UNIT OWNERS ATIMA / C/O MANAGEMENT CONSULTANTS OF HI, INC.  
HI, INC.  
C/O ASSOCIA HAWAII  
375 HUKU LI'I PLACE, SUITE 207  
KIHEI, HI 96753

**INSURED NAME(S) AND MAILING ADDRESS**

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

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

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**COMPANY MAILING ADDRESS**

Selective Insurance Company of America  
PO BOX 782747  
PHILADELPHIA, PA 19178-2747

**PROPERTY LOCATION**

3559 L. HONOAPILANI RD  
BUILDING#OFFICE/MANAGER APT.  
LAHAINA, HI 96761

DESCRIPTION: N/A

**RATING INFORMATION**

ORIGINAL NEW BUSINESS DATE: 02/09/2007  
REINSTATEMENT DATE: N/A  
BUILDING OCCUPANCY: SINGLE FAMILY  
CONDOMINIUM INDICATOR: NOT A CONDO  
NUMBER OF UNITS: N/A  
PRIMARY RESIDENCE: NO  
ADDITIONS/EXTENSIONS: SELECT  
BUILDING TYPE: ONE FLOOR  
BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: NO BASEMENT

DATE OF CONSTRUCTION: 06/30/1969  
COMMUNITY NUMBER: 150003 0351 F REGULAR PROGRAM  
COMMUNITY NAME: MAUI COUNTY  
CURRENT FLOOD ZONE: AE  
GRANDFATHERED: NO  
FLOOD RISK/RATED ZONE: AE  
ELEVATION DIFFERENCE: N/A  
ELEVATED BUILDING TYPE: NON-ELEVATED

**MORTGAGEE / ADDITIONAL INTEREST INFORMATION**

FIRST MORTGAGEE: LOAN NUMBER: N/A  
SECOND MORTGAGEE: LOAN NUMBER: N/A  
ADDITIONAL INTEREST: LOAN NUMBER: N/A  
DISASTER AGENCY: CASE FILE NUMBER: N/A  
DISASTER AGENCY:

**PREMIUM CALCULATION -- Pre-FIRM Subsidized**

	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM
BUILDING	\$250,000	\$5,000	\$60,000	1.620	\$190,000	1.400	(\$581.00)	\$3,051.00
CONTENTS	\$0	\$0	\$0	2.050	\$0	2.530	\$0.00	\$0.00

Standard

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

Endorsement Effective Date: 10/09/2017

ENDORSEMENT PREMIUM: \$0.00

Insured / Mailing Address Changed

ANNUAL SUBTOTAL:	\$3,051.00
INCREASED COST OF COMPLIANCE:	\$55.00
COMMUNITY RATING DISCOUNT: 10%:	(\$311.00)
RESERVE FUND ASSESSMENT: 15.0%:	\$419.00
PROBATION SURCHARGE:	\$0.00
<b>ANNUAL PREMIUM:</b>	<b>\$3,214.00</b>
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$50.00
<b>TOTAL:</b>	<b>\$3,514.00</b>
PRORATA PREMIUM ADJUSTMENT:	\$0.00
<b>ADJUSTED ANNUAL PREMIUM:</b>	<b>\$3,514.00</b>

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

*Michael H. Lanza*

Michael H. Lanza / Secretary

*Gregory E. Murphy*

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.

Policy issued by Selective Insurance Company of America

Company NAIC: 12572



File: 8308529

Page 1 of 2



DocID: 64270318



SERVCO INSURANCE  
360 HOOHANA ST STE 105  
KAHULUI, HI 96732-3504

Agency Phone: (808) 877-5053

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**



AOAO MAUI SANDS CONDO ASSN AND UNIT OWNERS ATIMA / C/O MANAGEMENT CONSULTANTS OF HI, INC.  
C/O ASSOCIA HAWAII  
375 HUKU LI'I PLACE, SUITE 207  
KIHEI, HI 96753

**INSURED NAME(S) AND MAILING ADDRESS**

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

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

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**COMPANY MAILING ADDRESS**

Selective Insurance Company of America  
PO BOX 782747  
PHILADELPHIA, PA 19178-2747

**PROPERTY LOCATION**

3559 L. HONOAPILANI RD  
BUILDING #6  
LAHAINA, HI 96761

DESCRIPTION: N/A

**RATING INFORMATION**

ORIGINAL NEW BUSINESS DATE: 02/09/2007  
REINSTATEMENT DATE: N/A  
BUILDING OCCUPANCY: OTHER RESIDENTIAL  
CONDOMINIUM INDICATOR: RCBAP LOW RISE  
NUMBER OF UNITS: 8  
PRIMARY RESIDENCE: 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: MAUI COUNTY  
CURRENT FLOOD ZONE: AE  
GRANDFATHERED: NO  
FLOOD RISK/RATED ZONE: AE  
ELEVATION DIFFERENCE: N/A  
ELEVATED BUILDING TYPE: NON-ELEVATED  
REPLACEMENT COST: \$1,251,120

**MORTGAGEE / ADDITIONAL INTEREST INFORMATION**

FIRST MORTGAGEE: LOAN NUMBER: N/A  
SECOND MORTGAGEE: LOAN NUMBER: N/A  
ADDITIONAL INTEREST: LOAN NUMBER: N/A  
DISASTER AGENCY: CASE FILE NUMBER: N/A  
DISASTER AGENCY:

**PREMIUM CALCULATION – Pre-FIRM Subsidized**

	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM	Standard
BUILDING	\$1,251,200	\$10,000	\$480,000	0.850	\$771,200	0.840	(\$1,478.00)	\$9,080.00	
CONTENTS	\$0	\$0	\$0	1.180	\$0	1.580	\$0.00	\$0.00	

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

Endorsement Effective Date: 10/09/2017

ENDORSEMENT PREMIUM: \$0.00

Insured / Mailing Address Changed

ANNUAL SUBTOTAL:	\$9,080.00
INCREASED COST OF COMPLIANCE:	\$70.00
COMMUNITY RATING DISCOUNT: 10%	(\$915.00)
RESERVE FUND ASSESSMENT: 15.0%	\$1,235.00
PROBATION SURCHARGE:	\$0.00
<b>ANNUAL PREMIUM:</b>	<b>\$9,470.00</b>
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$400.00
<b>TOTAL:</b>	<b>\$10,120.00</b>
PRORATA PREMIUM ADJUSTMENT:	\$0.00
<b>ADJUSTED ANNUAL PREMIUM:</b>	<b>\$10,120.00</b>

**Zero Balance Due  
This Is Not A Bill**

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Michael H. Lanza / Secretary

Gregory E. Murphy / Chairman

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Policy Issued by Selective Insurance Company of America

Company NAIC: 12572



SERVCO INSURANCE  
360 HOOHANA ST STE 105  
KAHULUI, HI 96732-3504

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  
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**



AOAO MAUI SANDS CONDO ASSN & UNIT OWNERS ATIMA / C/O MANAGEMENT CONSULTANTS OF HI, INC.  
C/O ASSOCIA HAWAII  
375 HUKU LI'I PLACE, SUITE 207  
KIHEI, HI 96753

**INSURED NAME(S) AND MAILING ADDRESS**

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

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

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OCT 16 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

DESCRIPTION: N/A

**RATING INFORMATION**

ORIGINAL NEW BUSINESS DATE: 02/09/2007  
REINSTATEMENT DATE: N/A  
BUILDING OCCUPANCY: OTHER RESIDENTIAL  
CONDOMINIUM INDICATOR: RCBAP LOW RISE  
NUMBER OF UNITS: 8  
PRIMARY RESIDENCE: 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: MAUI COUNTY  
CURRENT FLOOD ZONE: AE  
GRANDFATHERED: NO  
FLOOD RISK/RATED ZONE: AE  
ELEVATION DIFFERENCE: N/A  
ELEVATED BUILDING TYPE: NON-ELEVATED  
REPLACEMENT COST: \$1,418,200

**MORTGAGEE / ADDITIONAL INTEREST INFORMATION**

FIRST MORTGAGEE: LOAN NUMBER: N/A  
SECOND MORTGAGEE: LOAN NUMBER: N/A  
ADDITIONAL INTEREST: LOAN NUMBER: N/A  
DISASTER AGENCY: CASE FILE NUMBER: N/A  
DISASTER AGENCY:

**PREMIUM CALCULATION --Pre-FIRM Subsidized**

	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM
BUILDING	\$1,418,200	\$10,000	\$480,000	0.850	\$938,200	0.840	(\$1,675.00)	\$10,286.00
CONTENTS	\$0	\$0	\$0	1.180	\$0	1.580	\$0.00	\$0.00

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

Endorsement Effective Date: 10/09/2017

ENDORSEMENT PREMIUM: \$0.00

Insured / Mailing Address Changed

ANNUAL SUBTOTAL:	\$10,286.00
INCREASED COST OF COMPLIANCE:	\$70.00
COMMUNITY RATING DISCOUNT: 10%	(\$1,036.00)
RESERVE FUND ASSESSMENT: 15.0%	\$1,398.00
PROBATION SURCHARGE:	\$0.00
<b>ANNUAL PREMIUM:</b>	<b>\$10,718.00</b>
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$400.00
<b>TOTAL:</b>	<b>\$11,368.00</b>
PRORATA PREMIUM ADJUSTMENT:	\$0.00
<b>ADJUSTED ANNUAL PREMIUM:</b>	<b>\$11,368.00</b>

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

Michael H. Lanza / Secretary

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: 8308517

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DocID: 64270097



SERVCO INSURANCE  
360 HOOHANA ST STE 105  
KAHULUI, HI 96732-3504

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

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## REVISED FLOOD INSURANCE POLICY DECLARATIONS

### RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

#### DELIVERY ADDRESS



AOAO MAUI SANDS CONDO ASSN AND UNIT OWNERS ATIMA / C/O MANAGEMENT CONSULTANTS OF HAWAII, INC.  
C/O ASSOCIA HAWAII  
375 HUKU LI'I PLACE, SUITE 207  
KIHEI, HI 96753

#### INSURED NAME(S) AND MAILING ADDRESS

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

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

RECEIVED

OCT 16 2017



#### COMPANY MAILING ADDRESS

Selective Insurance Company of America  
PO BOX 782747  
PHILADELPHIA, PA 19178-2747

#### PROPERTY LOCATION

3559 L. HONOAPILANI RD  
BUILDING #2  
LAHAINA, HI 96761

DESCRIPTION: N/A

#### RATING INFORMATION

ORIGINAL NEW BUSINESS DATE: 02/09/2007  
REINSTATEMENT DATE: N/A  
BUILDING OCCUPANCY: OTHER RESIDENTIAL  
CONDOMINIUM INDICATOR: RCBAP LOW RISE  
NUMBER OF UNITS: 8  
PRIMARY RESIDENCE: 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: MAUI COUNTY  
CURRENT FLOOD ZONE: AE  
GRANDFATHERED: NO  
FLOOD RISK/RATED ZONE: AE  
ELEVATION DIFFERENCE: N/A  
ELEVATED BUILDING TYPE: NON-ELEVATED  
REPLACEMENT COST: \$1,251,120

#### MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: LOAN NUMBER: N/A  
SECOND MORTGAGEE: LOAN NUMBER: N/A  
ADDITIONAL INTEREST: LOAN NUMBER: N/A  
DISASTER AGENCY: CASE FILE NUMBER: N/A  
DISASTER AGENCY:

#### PREMIUM CALCULATION — Pre-FIRM Subsidized

	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM	Standard
BUILDING	\$1,251,200	\$10,000	\$480,000	0.850	\$771,200	0.840	(\$1,478.00)	\$9,080.00	
CONTENTS	\$0	\$0	\$0	1.180	\$0	1.580	\$0.00	\$0.00	

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

Endorsement Effective Date: 10/09/2017

ENDORSEMENT PREMIUM: \$0.00

Insured / Mailing Address Changed

ANNUAL SUBTOTAL:	\$9,080.00
INCREASED COST OF COMPLIANCE:	\$70.00
COMMUNITY RATING DISCOUNT: 10%	(\$915.00)
RESERVE FUND ASSESSMENT: 15.0%	\$1,235.00
PROBATION SURCHARGE:	\$0.00
ANNUAL PREMIUM:	\$9,470.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$400.00
TOTAL:	\$10,120.00
PRORATA PREMIUM ADJUSTMENT:	\$0.00
ADJUSTED ANNUAL PREMIUM:	\$10,120.00

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

Michael H. Lanza / Secretary

Gregory E. Murphy / Chairman

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

**Zero Balance Due  
This Is Not A Bill**



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SERVCO INSURANCE  
360 HOOHANA ST STE 105  
KAHULUI, HI 96732-3504

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

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

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

#### INSURED NAME(S) AND MAILING ADDRESS

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

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

RECEIVED

OCT 14 2017

cmi 192

#### 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: 02/09/2007  
REINSTATEMENT DATE: N/A  
BUILDING OCCUPANCY: OTHER RESIDENTIAL  
CONDOMINIUM INDICATOR: RCBAP LOW RISE  
NUMBER OF UNITS: 8  
PRIMARY RESIDENCE: 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: MAUI COUNTY  
CURRENT FLOOD ZONE: AE  
GRANDFATHERED: NO  
FLOOD RISK/RATED ZONE: AE  
ELEVATION DIFFERENCE: N/A  
ELEVATED BUILDING TYPE: NON-ELEVATED  
REPLACEMENT COST: \$1,418,200

#### MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

LOAN NUMBER: N/A

SECOND MORTGAGEE:

LOAN NUMBER: N/A

ADDITIONAL INTEREST:

LOAN NUMBER: N/A

DISASTER AGENCY:

CASE FILE NUMBER: N/A

DISASTER AGENCY:

#### PREMIUM CALCULATION - Pre-FIRM Subsidized

Standard

	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM
BUILDING	\$1,418,200	\$10,000	\$480,000	0.850	\$938,200	0.840	(\$1,675.00)	\$10,286.00
CONTENTS	\$0	\$0	\$0	1.180	\$0	1.580	\$0.00	\$0.00

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

Endorsement Effective Date: 10/09/2017

ENDORSEMENT PREMIUM: \$0.00

Insured / Mailing Address Changed

ANNUAL SUBTOTAL:	\$10,286.00
INCREASED COST OF COMPLIANCE:	\$76.00
COMMUNITY RATING DISCOUNT: 10%	(\$1,036.00)
RESERVE FUND ASSESSMENT: 15.0%	\$1,398.00
PROBATION SURCHARGE:	\$0.00
ANNUAL PREMIUM:	\$10,719.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$400.00
TOTAL:	\$11,368.00
PRORATA PREMIUM ADJUSTMENT:	\$0.00
ADJUSTED ANNUAL PREMIUM:	\$11,368.00

Zero Balance Due  
This Is Not A Bill

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Michael H. Lanza / Secretary

Gregory E. Murphy / Chairman

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Policy issued by Selective Insurance Company of America

Company NAIC: 12572



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