

**Voyager Indemnity Insurance Company**

A Stock Insurance Company  
260 Interstate North Circle SE  
Atlanta, GA 30339

**Policy Number: PFS000366400**

For questions or to report a claim please call 800-280-3309

**PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY  
FLOOD INSURANCE POLICY DECLARATIONS PAGE**

NEW DECLARATION \*\*\*\*\*  
EFFECTIVE 09/26/19

|   |   |                                    |  |                             |                |
|---|---|------------------------------------|--|-----------------------------|----------------|
| <b>POLICY PERIOD:</b>   |   |                                    | <b>AGENCY:</b>   |                             |                |
| <b>EFFECTIVE DATE</b>   | <b>EFFECTIVE TIME:</b><br>12:01 a.m. standard time at the insured property location | <b>EXPIRATION DATE</b>             | GLASS SORENSON & MCDAVID DBA GSM INSURORS<br>PO BOX 1478<br>ROCKPORT, TX, 78381  |                             |                |
| 09/26/2019  |   | 09/26/2020                         | <b>Phone Number:</b> 361-729-5414 <b>AGENCY NO:</b> 0ZW4001  |                             |                |
| <b>NAMED INSURED and Mailing Address:</b><br>KEY ALLEGRO CONDO ASSN<br>2611 HWY 35 N, ROCKPORT, TX 78382  |   |                                    | INSURED PROPERTY LOCATION. The property covered by this <b>Policy</b> is at the <b>described location</b> unless otherwise stated:<br>101-104 NASSAU DR, BLDG 1, ROCKPORT, TX, 78382 |                             |                |
| <b>RATING INFORMATION</b>   |   | <b>Replacement Cost:</b> \$701,000 |  | <b>Flood Risk Zone:</b> AE  |                |
| Pre/Post FIRM: Pre FIRM   |   | <b>Contents Location:</b> N/A      |  | <b>Elevated Building:</b> N |                |
| Occupancy: 2-4 Family   |   |                                    |  | <b>Number of Units:</b> 4   |                |
| Basement/Enclosure: No B/E/C  |   |                                    |  |                             |                |
| <b>COVERAGE LIMITS</b>  |   |                                    |  |                             | <b>PREMIUM</b> |
| Coverage A-Building Property Limit of Liability: \$701,000  |   |                                    |  |                             |                |
| Coverage B-Personal Property Limit of Liability: \$0  |   |                                    |  |                             |                |
| Personal Property Special Limit of Liability: \$0   |   |                                    |  |                             |                |
| Coverage E-Riot Coverage Limit of Liability (Personal Property Only): \$5,000   |   |                                    |  |                             |                |
| Deductible Amounts: Building: \$1,250 / Contents: \$0 / Riot: \$500   |   |                                    |  |                             |                |
| <b>PREMIUM SUBTOTAL</b>   |   |                                    |  |                             | \$1,392.11     |
| <b>Assessments, Surcharges, Taxes, Fees (if applicable):</b>  |   |                                    |  |                             |                |
| Surplus Lines Premium Tax - 4.85%   |   |                                    |  |                             | \$67.52        |
| Stamping Fee - 0.15%  |   |                                    |  |                             | \$2.09         |
| <b>Total Amount Paid</b>  |   |                                    |  |                             | \$1,461.72     |
| <b>Forms and Endorsements</b> which are made a part of this <b>Policy</b> at the time of issuance:<br>PRCB0001P-0519, PRCB0003E-1215, NT0023-0515 *, NT0102-0918 *, NT0054-0815 *, PRCB0005E-1215, N8051-0415 *, DF00965C-0416. |   |                                    |  |                             |                |
| <b>Mortgagee 1</b> Name and address:  |   |                                    | <b>Mortgagee 2</b> Name and Address:   |                             |                |
| Loan No.:   |   |                                    | Loan No.:  |                             |                |
| <b>PAYOR:</b> Insured   |   |                                    |  |                             |                |

This Policy meets the definition of private flood insurance contained in 42 U.S.C.4012a(b)(7) and the corresponding regulation.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

In addition, a Stamping Fee of .15% is required on gross premium.



Authorized Representative

09/13/2019

Date

Surplus Lines Broker:  
TrackSure Insurance Agency, Inc.  
License # 19721  
Laurie J. Harris  
2677 N. Main St., Suite 600  
Santa Ana, CA 92705  
PRCB0003D-0519

**Voyager Indemnity Insurance Company**

A Stock Insurance Company  
260 Interstate North Circle SE  
Atlanta, GA 30339

**Policy Number: PFS000366500**

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**PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY  
FLOOD INSURANCE POLICY DECLARATIONS PAGE**

NEW DECLARATION \*\*\*\*\*  
EFFECTIVE 09/26/19

|   |   |                                      |  |                             |                |
|---|---|--------------------------------------|--|-----------------------------|----------------|
| <b>POLICY PERIOD:</b>   |   |                                      | <b>AGENCY:</b>   |                             |                |
| <b>EFFECTIVE DATE</b>   | <b>EFFECTIVE TIME:</b><br>12:01 a.m. standard time at the insured property location | <b>EXPIRATION DATE</b>               | GLASS SORENSON & MCDAVID DBA GSM INSURORS<br>PO BOX 1478<br>ROCKPORT, TX, 78381  |                             |                |
| 09/26/2019  |   | 09/26/2020                           | <b>Phone Number:</b> 361-729-5414 <b>AGENCY NO:</b> 0ZW4001  |                             |                |
| <b>NAMED INSURED and Mailing Address:</b><br>KEY ALLEGRO CONDO ASSN<br>2611 HWY 35 N, ROCKPORT, TX 78382  |   |                                      | INSURED PROPERTY LOCATION. The property covered by this <b>Policy</b> is at the <b>described location</b> unless otherwise stated:<br>201-208 NASSAU DR, BLDG 2, ROCKPORT, TX, 78382 |                             |                |
| <b>RATING INFORMATION</b>   |   | <b>Replacement Cost:</b> \$1,050,000 |  | <b>Flood Risk Zone:</b> AE  |                |
| <b>Pre/Post FIRM:</b> Pre FIRM  |   | <b>Contents Location:</b> N/A        |  | <b>Elevated Building:</b> N |                |
| <b>Occupancy:</b> Other Residential   |   |                                      |  | <b>Number of Units:</b> 8   |                |
| <b>Basement/Enclosure:</b> No B/E/C   |   |                                      |  |                             |                |
| <b>COVERAGE LIMITS</b>  |   |                                      |  |                             | <b>PREMIUM</b> |
| <b>Coverage A-Building Property Limit of Liability:</b> \$1,050,000   |   |                                      |  |                             |                |
| <b>Coverage B-Personal Property Limit of Liability:</b> \$0   |   |                                      |  |                             |                |
| <b>Personal Property Special Limit of Liability:</b> \$0  |   |                                      |  |                             |                |
| <b>Coverage E-Riot Coverage Limit of Liability (Personal Property Only):</b> \$5,000  |   |                                      |  |                             |                |
| <b>Deductible Amounts:</b> Building: \$1,250 / Contents: \$0 / Riot: \$500  |   |                                      |  |                             |                |
| <b>PREMIUM SUBTOTAL</b>   |   |                                      |  |                             | \$2,552.79     |
| <b>Assessments, Surcharges, Taxes, Fees (if applicable):</b>  |   |                                      |  |                             |                |
| Surplus Lines Premium Tax - 4.85%   |   |                                      |  |                             | \$123.81       |
| Stamping Fee - 0.15%  |   |                                      |  |                             | \$3.83         |
| <b>Total Amount Paid</b>  |   |                                      |  |                             | \$2,680.43     |
| <b>Forms and Endorsements</b> which are made a part of this <b>Policy</b> at the time of issuance:<br>PRCB0001P-0519, PRCB0003E-1215, NT0023-0515 *, NT0102-0918 *, NT0054-0815 *, PRCB0005E-1215, N8051-0415 *, DF00965C-0416. |   |                                      |  |                             |                |
| <b>Mortgagee 1</b> Name and address:  |   |                                      | <b>Mortgagee 2</b> Name and Address:   |                             |                |
| Loan No.:   |   |                                      | Loan No.:  |                             |                |
| <b>PAYOR:</b> Insured   |   |                                      |  |                             |                |

This Policy meets the definition of private flood insurance contained in 42 U.S.C.4012a(b)(7) and the corresponding regulation.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

In addition, a Stamping Fee of .15% is required on gross premium.



Authorized Representative

09/13/2019

Date

Surplus Lines Broker:  
TrackSure Insurance Agency, Inc.  
License # 19721  
Laurie J. Harris  
2677 N. Main St., Suite 600  
Santa Ana, CA 92705  
PRCB0003D-0519

**Voyager Indemnity Insurance Company**A Stock Insurance Company  
260 Interstate North Circle SE  
Atlanta, GA 30339**Policy Number: PFS000366600**

For questions or to report a claim please call 800-280-3309

**PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY  
FLOOD INSURANCE POLICY DECLARATIONS PAGE**NEW DECLARATION \*\*\*\*\*  
EFFECTIVE 09/26/19

|   |  |                                    |   |                             |                |
|---|--|------------------------------------|---|-----------------------------|----------------|
| <b>POLICY PERIOD:</b>   |  |                                    | <b>AGENCY:</b>  |                             |                |
| <b>EFFECTIVE DATE</b>   | <b>EFFECTIVE TIME:</b><br>12:01 a.m. standard time at<br>the insured property location | <b>EXPIRATION DATE</b>             | GLASS SORENSON & MCDAVID DBA GSM INSURORS<br>PO BOX 1478<br>ROCKPORT, TX, 78381   |                             |                |
| 09/26/2019  |  | 09/26/2020                         | <b>Phone Number:</b> 361-729-5414 <b>AGENCY NO:</b> 0ZW4001   |                             |                |
| <b>NAMED INSURED and Mailing Address:</b><br>KEY ALLEGRO CONDO ASSN<br>2611 HWY 35 N, ROCKPORT, TX 78382  |  |                                    | INSURED PROPERTY LOCATION. The property covered by this<br><b>Policy</b> is at the <b>described location</b> unless otherwise stated:<br>301-304 NASSAU DR, BLDG 3, ROCKPORT, TX, 78382 |                             |                |
| <b>RATING INFORMATION</b>   |  | <b>Replacement Cost:</b> \$701,000 |   | <b>Flood Risk Zone:</b> AE  |                |
| Pre/Post FIRM: Pre FIRM   |  | <b>Contents Location:</b> N/A      |   | <b>Elevated Building:</b> N |                |
| Occupancy: 2-4 Family   |  |                                    |   | <b>Number of Units:</b> 4   |                |
| Basement/Enclosure: No B/E/C  |  |                                    |   |                             |                |
| <b>COVERAGE LIMITS</b>  |  |                                    |   |                             | <b>PREMIUM</b> |
| Coverage A-Building Property Limit of Liability: \$701,000  |  |                                    |   |                             |                |
| Coverage B-Personal Property Limit of Liability: \$0  |  |                                    |   |                             |                |
| Personal Property Special Limit of Liability: \$0   |  |                                    |   |                             |                |
| Coverage E-Riot Coverage Limit of Liability (Personal Property Only): \$5,000   |  |                                    |   |                             |                |
| Deductible Amounts: Building: \$1,250 / Contents: \$0 / Riot: \$500   |  |                                    |   |                             |                |
| <b>PREMIUM SUBTOTAL</b>   |  |                                    |   |                             | \$1,392.11     |
| <b>Assessments, Surcharges, Taxes, Fees (if applicable):</b>  |  |                                    |   |                             |                |
| Surplus Lines Premium Tax - 4.85%   |  |                                    |   |                             | \$67.52        |
| Stamping Fee - 0.15%  |  |                                    |   |                             | \$2.09         |
| <b>Total Amount Paid</b>  |  |                                    |   |                             | \$1,461.72     |
| <b>Forms and Endorsements</b> which are made a part of this <b>Policy</b> at the time of issuance:<br>PRCB0001P-0519, PRCB0003E-1215, NT0023-0515 *, NT0102-0918 *, NT0054-0815 *, PRCB0005E-1215, N8051-0415 *, DF00965C-0416. |  |                                    |   |                             |                |
| <b>Mortgagee 1</b> Name and address:  |  |                                    | <b>Mortgagee 2</b> Name and Address:  |                             |                |
| Loan No.:   |  |                                    | Loan No.:   |                             |                |
| <b>PAYOR:</b> Insured   |  |                                    |   |                             |                |

This Policy meets the definition of private flood insurance contained in 42 U.S.C.4012a(b)(7) and the corresponding regulation.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

In addition, a Stamping Fee of .15% is required on gross premium.



Authorized Representative

09/13/2019

Date

Surplus Lines Broker:  
TrackSure Insurance Agency, Inc.  
License # 19721  
Laurie J. Harris  
2677 N. Main St., Suite 600  
Santa Ana, CA 92705  
PRCB0003D-0519

**Voyager Indemnity Insurance Company**A Stock Insurance Company  
260 Interstate North Circle SE  
Atlanta, GA 30339**Policy Number: PFS000366700**

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**PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY  
FLOOD INSURANCE POLICY DECLARATIONS PAGE**NEW DECLARATION \*\*\*\*\*  
EFFECTIVE 09/26/19

|   |  |                                    |   |                             |                |
|---|--|------------------------------------|---|-----------------------------|----------------|
| <b>POLICY PERIOD:</b>   |  |                                    | <b>AGENCY:</b>  |                             |                |
| <b>EFFECTIVE DATE</b>   | <b>EFFECTIVE TIME:</b><br>12:01 a.m. standard time at<br>the insured property location | <b>EXPIRATION DATE</b>             | GLASS SORENSON & MCDAVID DBA GSM INSURORS<br>PO BOX 1478<br>ROCKPORT, TX, 78381   |                             |                |
| 09/26/2019  |  | 09/26/2020                         | <b>Phone Number:</b> 361-729-5414 <b>AGENCY NO:</b> 0ZW4001   |                             |                |
| <b>NAMED INSURED and Mailing Address:</b><br>KEY ALLEGRO CONDO ASSN<br>2611 HWY 35 N, ROCKPORT, TX 78382  |  |                                    | INSURED PROPERTY LOCATION. The property covered by this<br><b>Policy</b> is at the <b>described location</b> unless otherwise stated:<br>401-406 NASSAU DR, BLDG 4, ROCKPORT, TX, 78382 |                             |                |
| <b>RATING INFORMATION</b>   |  | <b>Replacement Cost:</b> \$911,500 |   | <b>Flood Risk Zone:</b> AE  |                |
| <b>Pre/Post FIRM:</b> Pre FIRM  |  | <b>Contents Location:</b> N/A      |   | <b>Elevated Building:</b> N |                |
| <b>Occupancy:</b> Other Residential   |  |                                    |   | <b>Number of Units:</b> 6   |                |
| <b>Basement/Enclosure:</b> No B/E/C   |  |                                    |   |                             |                |
| <b>COVERAGE LIMITS</b>  |  |                                    |   |                             | <b>PREMIUM</b> |
| <b>Coverage A-Building Property Limit of Liability:</b> \$911,500   |  |                                    |   |                             |                |
| <b>Coverage B-Personal Property Limit of Liability:</b> \$0   |  |                                    |   |                             |                |
| <b>Personal Property Special Limit of Liability:</b> \$0  |  |                                    |   |                             |                |
| <b>Coverage E-Riot Coverage Limit of Liability (Personal Property Only):</b> \$5,000  |  |                                    |   |                             |                |
| <b>Deductible Amounts:</b> Building: \$1,250 / Contents: \$0 / Riot: \$500  |  |                                    |   |                             |                |
| <b>PREMIUM SUBTOTAL</b>   |  |                                    |   |                             | \$2,068.42     |
| <b>Assessments, Surcharges, Taxes, Fees (if applicable):</b>  |  |                                    |   |                             |                |
| Surplus Lines Premium Tax - 4.85%   |  |                                    |   |                             | \$100.32       |
| Stamping Fee - 0.15%  |  |                                    |   |                             | \$3.10         |
| <b>Total Amount Paid</b>  |  |                                    |   |                             | \$2,171.84     |
| <b>Forms and Endorsements</b> which are made a part of this <b>Policy</b> at the time of issuance:<br>PRCB0001P-0519, PRCB0003E-1215, NT0023-0515 *, NT0102-0918 *, NT0054-0815 *, PRCB0005E-1215, N8051-0415 *, DF00965C-0416. |  |                                    |   |                             |                |
| <b>Mortgagee 1</b> Name and address:  |  |                                    | <b>Mortgagee 2</b> Name and Address:  |                             |                |
| Loan No.:   |  |                                    | Loan No.:   |                             |                |
| <b>PAYOR:</b> Insured   |  |                                    |   |                             |                |

This Policy meets the definition of private flood insurance contained in 42 U.S.C.4012a(b)(7) and the corresponding regulation.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

In addition, a Stamping Fee of .15% is required on gross premium.



Authorized Representative

09/13/2019

Date

Surplus Lines Broker:  
TrackSure Insurance Agency, Inc.  
License # 19721  
Laurie J. Harris  
2677 N. Main St., Suite 600  
Santa Ana, CA 92705  
PRCB0003D-0519

**Voyager Indemnity Insurance Company**A Stock Insurance Company  
260 Interstate North Circle SE  
Atlanta, GA 30339**Policy Number: PFS000366800**

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**PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY  
FLOOD INSURANCE POLICY DECLARATIONS PAGE**NEW DECLARATION \*\*\*\*\*  
EFFECTIVE 09/26/19

|   |  |                                      |   |                             |                |
|---|--|--------------------------------------|---|-----------------------------|----------------|
| <b>POLICY PERIOD:</b>   |  |                                      | <b>AGENCY:</b>  |                             |                |
| <b>EFFECTIVE DATE</b>   | <b>EFFECTIVE TIME:</b><br>12:01 a.m. standard time at<br>the insured property location | <b>EXPIRATION DATE</b>               | GLASS SORENSON & MCDAVID DBA GSM INSURORS<br>PO BOX 1478<br>ROCKPORT, TX, 78381   |                             |                |
| 09/26/2019  |  | 09/26/2020                           | <b>Phone Number:</b> 361-729-5414 <b>AGENCY NO:</b> 0ZW4001   |                             |                |
| <b>NAMED INSURED and Mailing Address:</b><br>KEY ALLEGRO CONDO ASSN<br>2611 HWY 35 N, ROCKPORT, TX 78382  |  |                                      | INSURED PROPERTY LOCATION. The property covered by this<br><b>Policy</b> is at the <b>described location</b> unless otherwise stated:<br>501-508 LAUDERDALE DR, BLDG 5, ROCKPORT, TX, 78382 |                             |                |
| <b>RATING INFORMATION</b>   |  | <b>Replacement Cost:</b> \$1,050,000 |   | <b>Flood Risk Zone:</b> AE  |                |
| <b>Pre/Post FIRM:</b> Pre FIRM  |  | <b>Contents Location:</b> N/A        |   | <b>Elevated Building:</b> N |                |
| <b>Occupancy:</b> Other Residential   |  |                                      |   | <b>Number of Units:</b> 8   |                |
| <b>Basement/Enclosure:</b> No B/E/C   |  |                                      |   |                             |                |
| <b>COVERAGE LIMITS</b>  |  |                                      |   |                             | <b>PREMIUM</b> |
| <b>Coverage A-Building Property Limit of Liability:</b> \$1,050,000   |  |                                      |   |                             |                |
| <b>Coverage B-Personal Property Limit of Liability:</b> \$0   |  |                                      |   |                             |                |
| <b>Personal Property Special Limit of Liability:</b> \$0  |  |                                      |   |                             |                |
| <b>Coverage E-Riot Coverage Limit of Liability (Personal Property Only):</b> \$5,000  |  |                                      |   |                             |                |
| <b>Deductible Amounts:</b> Building: \$1,250 / Contents: \$0 / Riot: \$500  |  |                                      |   |                             |                |
| <b>PREMIUM SUBTOTAL</b>   |  |                                      |   |                             | \$2,552.79     |
| <b>Assessments, Surcharges, Taxes, Fees (if applicable):</b>  |  |                                      |   |                             |                |
| Surplus Lines Premium Tax - 4.85%   |  |                                      |   |                             | \$123.81       |
| Stamping Fee - 0.15%  |  |                                      |   |                             | \$3.83         |
| <b>Total Amount Paid</b>  |  |                                      |   |                             | \$2,680.43     |
| <b>Forms and Endorsements</b> which are made a part of this <b>Policy</b> at the time of issuance:<br>PRCB0001P-0519, PRCB0003E-1215, NT0023-0515 *, NT0102-0918 *, NT0054-0815 *, PRCB0005E-1215, N8051-0415 *, DF00965C-0416. |  |                                      |   |                             |                |
| <b>Mortgagee 1</b> Name and address:  |  |                                      | <b>Mortgagee 2</b> Name and Address:  |                             |                |
| Loan No.:   |  |                                      | Loan No.:   |                             |                |
| <b>PAYOR:</b> Insured   |  |                                      |   |                             |                |

This Policy meets the definition of private flood insurance contained in 42 U.S.C.4012a(b)(7) and the corresponding regulation.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

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Authorized Representative

09/13/2019

Date

Surplus Lines Broker:  
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PRCB0003D-0519

**Voyager Indemnity Insurance Company**A Stock Insurance Company  
260 Interstate North Circle SE  
Atlanta, GA 30339**Policy Number: PFS000366900**

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**PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY  
FLOOD INSURANCE POLICY DECLARATIONS PAGE**NEW DECLARATION \*\*\*\*\*  
EFFECTIVE 09/26/19

|   |  |                                      |   |                             |                |
|---|--|--------------------------------------|---|-----------------------------|----------------|
| <b>POLICY PERIOD:</b>   |  |                                      | <b>AGENCY:</b>  |                             |                |
| <b>EFFECTIVE DATE</b>   | <b>EFFECTIVE TIME:</b><br>12:01 a.m. standard time at<br>the insured property location | <b>EXPIRATION DATE</b>               | GLASS SORENSON & MCDAVID DBA GSM INSURORS<br>PO BOX 1478<br>ROCKPORT, TX, 78381   |                             |                |
| 09/26/2019  |  | 09/26/2020                           | <b>Phone Number:</b> 361-729-5414 <b>AGENCY NO:</b> 0ZW4001   |                             |                |
| <b>NAMED INSURED and Mailing Address:</b><br>KEY ALLEGRO CONDO ASSN<br>2611 HWY 35 N, ROCKPORT, TX 78382  |  |                                      | INSURED PROPERTY LOCATION. The property covered by this<br><b>Policy</b> is at the <b>described location</b> unless otherwise stated:<br>601-612 LAUDERDALE DR, BLDG 6, ROCKPORT, TX, 78382 |                             |                |
| <b>RATING INFORMATION</b>   |  | <b>Replacement Cost:</b> \$1,575,000 |   | <b>Flood Risk Zone:</b> AE  |                |
| <b>Pre/Post FIRM:</b> Pre FIRM  |  | <b>Contents Location:</b> N/A        |   | <b>Elevated Building:</b> N |                |
| <b>Occupancy:</b> Other Residential   |  |                                      |   | <b>Number of Units:</b> 12  |                |
| <b>Basement/Enclosure:</b> No B/E/C   |  |                                      |   |                             |                |
| <b>COVERAGE LIMITS</b>  |  |                                      |   |                             | <b>PREMIUM</b> |
| <b>Coverage A-Building Property Limit of Liability:</b> \$1,575,000   |  |                                      |   |                             |                |
| <b>Coverage B-Personal Property Limit of Liability:</b> \$0   |  |                                      |   |                             |                |
| <b>Personal Property Special Limit of Liability:</b> \$0  |  |                                      |   |                             |                |
| <b>Coverage E-Riot Coverage Limit of Liability (Personal Property Only):</b> \$5,000  |  |                                      |   |                             |                |
| <b>Deductible Amounts:</b> Building: \$1,250 / Contents: \$0 / Riot: \$500  |  |                                      |   |                             |                |
| <b>PREMIUM SUBTOTAL</b>   |  |                                      |   |                             | \$3,929.19     |
| <b>Assessments, Surcharges, Taxes, Fees (if applicable):</b>  |  |                                      |   |                             |                |
| Surplus Lines Premium Tax - 4.85%   |  |                                      |   |                             | \$190.57       |
| Stamping Fee - 0.15%  |  |                                      |   |                             | \$5.89         |
| <b>Total Amount Paid</b>  |  |                                      |   |                             | \$4,125.65     |
| <b>Forms and Endorsements</b> which are made a part of this <b>Policy</b> at the time of issuance:<br>PRCB0001P-0519, PRCB0003E-1215, NT0023-0515 *, NT0102-0918 *, NT0054-0815 *, PRCB0005E-1215, N8051-0415 *, DF00965C-0416. |  |                                      |   |                             |                |
| <b>Mortgagee 1</b> Name and address:  |  |                                      | <b>Mortgagee 2</b> Name and Address:  |                             |                |
| Loan No.:   |  |                                      | Loan No.:   |                             |                |
| <b>PAYOR:</b> Insured   |  |                                      |   |                             |                |

This Policy meets the definition of private flood insurance contained in 42 U.S.C.4012a(b)(7) and the corresponding regulation.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

In addition, a Stamping Fee of .15% is required on gross premium.



Authorized Representative

09/13/2019

Date

Surplus Lines Broker:  
TrackSure Insurance Agency, Inc.  
License # 19721  
Laurie J. Harris  
2677 N. Main St., Suite 600  
Santa Ana, CA 92705  
PRCB0003D-0519

**Voyager Indemnity Insurance Company**

A Stock Insurance Company  
260 Interstate North Circle SE  
Atlanta, GA 30339

**Policy Number: PFS000367000**

For questions or to report a claim please call 800-280-3309

**PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY  
FLOOD INSURANCE POLICY DECLARATIONS PAGE**

NEW DECLARATION \*\*\*\*\*  
EFFECTIVE 09/26/19

|   |   |                                      |  |                             |                |
|---|---|--------------------------------------|--|-----------------------------|----------------|
| <b>POLICY PERIOD:</b>   |   |                                      | <b>AGENCY:</b>   |                             |                |
| <b>EFFECTIVE DATE</b>   | <b>EFFECTIVE TIME:</b><br>12:01 a.m. standard time at the insured property location | <b>EXPIRATION DATE</b>               | GLASS SORENSON & MCDAVID DBA GSM INSURORS<br>PO BOX 1478<br>ROCKPORT, TX, 78381  |                             |                |
| 09/26/2019  |   | 09/26/2020                           | <b>Phone Number:</b> 361-729-5414 <b>AGENCY NO:</b> 0ZW4001  |                             |                |
| <b>NAMED INSURED and Mailing Address:</b><br>KEY ALLEGRO CONDO ASSN<br>2611 HWY 35 N, ROCKPORT, TX 78382  |   |                                      | INSURED PROPERTY LOCATION. The property covered by this <b>Policy</b> is at the <b>described location</b> unless otherwise stated:<br>701-712 LAUDERDALE DR, BLDG 7, ROCKPORT, TX, 78382 |                             |                |
| <b>RATING INFORMATION</b>   |   | <b>Replacement Cost:</b> \$1,575,000 |  | <b>Flood Risk Zone:</b> AE  |                |
| <b>Pre/Post FIRM:</b> Pre FIRM  |   | <b>Contents Location:</b> N/A        |  | <b>Elevated Building:</b> N |                |
| <b>Occupancy:</b> Other Residential   |   |                                      |  | <b>Number of Units:</b> 12  |                |
| <b>Basement/Enclosure:</b> No B/E/C   |   |                                      |  |                             |                |
| <b>COVERAGE LIMITS</b>  |   |                                      |  |                             | <b>PREMIUM</b> |
| <b>Coverage A-Building Property Limit of Liability:</b> \$1,575,000   |   |                                      |  |                             |                |
| <b>Coverage B-Personal Property Limit of Liability:</b> \$0   |   |                                      |  |                             |                |
| <b>Personal Property Special Limit of Liability:</b> \$0  |   |                                      |  |                             |                |
| <b>Coverage E-Riot Coverage Limit of Liability (Personal Property Only):</b> \$5,000  |   |                                      |  |                             |                |
| <b>Deductible Amounts:</b> Building: \$1,250 / Contents: \$0 / Riot: \$500  |   |                                      |  |                             |                |
| <b>PREMIUM SUBTOTAL</b>   |   |                                      |  |                             | \$3,929.19     |
| <b>Assessments, Surcharges, Taxes, Fees (if applicable):</b>  |   |                                      |  |                             |                |
| Surplus Lines Premium Tax - 4.85%   |   |                                      |  |                             | \$190.57       |
| Stamping Fee - 0.15%  |   |                                      |  |                             | \$5.89         |
| <b>Total Amount Paid</b>  |   |                                      |  |                             | \$4,125.65     |
| <b>Forms and Endorsements</b> which are made a part of this <b>Policy</b> at the time of issuance:<br>PRCB0001P-0519, PRCB0003E-1215, NT0023-0515 *, NT0102-0918 *, NT0054-0815 *, PRCB0005E-1215, N8051-0415 *, DF00965C-0416. |   |                                      |  |                             |                |
| <b>Mortgagee 1</b> Name and address:  |   |                                      | <b>Mortgagee 2</b> Name and Address:   |                             |                |
| Loan No.:   |   |                                      | Loan No.:  |                             |                |
| <b>PAYOR:</b> Insured   |   |                                      |  |                             |                |

This Policy meets the definition of private flood insurance contained in 42 U.S.C.4012a(b)(7) and the corresponding regulation.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

In addition, a Stamping Fee of .15% is required on gross premium.



Authorized Representative

09/13/2019

Date

Surplus Lines Broker:  
TrackSure Insurance Agency, Inc.  
License # 19721  
Laurie J. Harris  
2677 N. Main St., Suite 600  
Santa Ana, CA 92705  
PRCB0003D-0519

**Voyager Indemnity Insurance Company**

A Stock Insurance Company  
260 Interstate North Circle SE  
Atlanta, GA 30339

**Policy Number: PFS000367100**

For questions or to report a claim please call 800-280-3309

**PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY  
FLOOD INSURANCE POLICY DECLARATIONS PAGE**

NEW DECLARATION \*\*\*\*\*  
EFFECTIVE 09/26/19

|   |   |                                      |   |                             |                |
|---|---|--------------------------------------|---|-----------------------------|----------------|
| <b>POLICY PERIOD:</b>   |   |                                      | <b>AGENCY:</b>  |                             |                |
| <b>EFFECTIVE DATE</b>   | <b>EFFECTIVE TIME:</b><br>12:01 a.m. standard time at the insured property location | <b>EXPIRATION DATE</b>               | GLASS SORENSON & MCDAVID DBA GSM INSURORS<br>PO BOX 1478<br>ROCKPORT, TX, 78381   |                             |                |
| 09/26/2019  |   | 09/26/2020                           | <b>Phone Number:</b> 361-729-5414 <b>AGENCY NO:</b> 0ZW4001   |                             |                |
| <b>NAMED INSURED and Mailing Address:</b><br>KEY ALLEGRO CONDO ASSN<br>2611 HWY 35 N, ROCKPORT, TX 78382  |   |                                      | INSURED PROPERTY LOCATION. The property covered by this <b>Policy</b> is at the <b>described location</b> unless otherwise stated:<br>801-812 SANDOLLAR ST, BLDG 8, ROCKPORT, TX, 78382 |                             |                |
| <b>RATING INFORMATION</b>   |   | <b>Replacement Cost:</b> \$1,575,000 |   | <b>Flood Risk Zone:</b> AE  |                |
| <b>Pre/Post FIRM:</b> Pre FIRM  |   | <b>Contents Location:</b> N/A        |   | <b>Elevated Building:</b> N |                |
| <b>Occupancy:</b> Other Residential   |   |                                      |   | <b>Number of Units:</b> 12  |                |
| <b>Basement/Enclosure:</b> No B/E/C   |   |                                      |   |                             |                |
| <b>COVERAGE LIMITS</b>  |   |                                      |   |                             | <b>PREMIUM</b> |
| <b>Coverage A-Building Property Limit of Liability:</b> \$1,575,000   |   |                                      |   |                             |                |
| <b>Coverage B-Personal Property Limit of Liability:</b> \$0   |   |                                      |   |                             |                |
| <b>Personal Property Special Limit of Liability:</b> \$0  |   |                                      |   |                             |                |
| <b>Coverage E-Riot Coverage Limit of Liability (Personal Property Only):</b> \$5,000  |   |                                      |   |                             |                |
| <b>Deductible Amounts:</b> Building: \$1,250 / Contents: \$0 / Riot: \$500  |   |                                      |   |                             |                |
| <b>PREMIUM SUBTOTAL</b>   |   |                                      |   |                             | \$3,929.19     |
| <b>Assessments, Surcharges, Taxes, Fees (if applicable):</b>  |   |                                      |   |                             |                |
| Surplus Lines Premium Tax - 4.85%   |   |                                      |   |                             | \$190.57       |
| Stamping Fee - 0.15%  |   |                                      |   |                             | \$5.89         |
| <b>Total Amount Paid</b>  |   |                                      |   |                             | \$4,125.65     |
| <b>Forms and Endorsements</b> which are made a part of this <b>Policy</b> at the time of issuance:<br>PRCB0001P-0519, PRCB0003E-1215, NT0023-0515 *, NT0102-0918 *, NT0054-0815 *, PRCB0005E-1215, N8051-0415 *, DF00965C-0416. |   |                                      |   |                             |                |
| <b>Mortgagee 1</b> Name and address:  |   |                                      | <b>Mortgagee 2</b> Name and Address:  |                             |                |
| Loan No.:   |   |                                      | Loan No.:   |                             |                |
| <b>PAYOR:</b> Insured   |   |                                      |   |                             |                |

This Policy meets the definition of private flood insurance contained in 42 U.S.C.4012a(b)(7) and the corresponding regulation.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

In addition, a Stamping Fee of .15% is required on gross premium.



Authorized Representative

09/13/2019

Date

Surplus Lines Broker:  
TrackSure Insurance Agency, Inc.  
License # 19721  
Laurie J. Harris  
2677 N. Main St., Suite 600  
Santa Ana, CA 92705  
PRCB0003D-0519



**Voyager Indemnity Insurance Company**A Stock Insurance Company  
260 Interstate North Circle SE  
Atlanta, GA 30339**Policy Number: PFS000367200**

For questions or to report a claim please call 800-280-3309

**PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY  
FLOOD INSURANCE POLICY DECLARATIONS PAGE**NEW DECLARATION \*\*\*\*\*  
EFFECTIVE 09/26/19

|   |  |                                      |  |                             |                |
|---|--|--------------------------------------|--|-----------------------------|----------------|
| <b>POLICY PERIOD:</b>   |  |                                      | <b>AGENCY:</b>   |                             |                |
| <b>EFFECTIVE DATE</b>   | <b>EFFECTIVE TIME:</b><br>12:01 a.m. standard time at<br>the insured property location | <b>EXPIRATION DATE</b>               | GLASS SORENSON & MCDAVID DBA GSM INSURORS<br>PO BOX 1478<br>ROCKPORT, TX, 78381  |                             |                |
| 09/26/2019  |  | 09/26/2020                           | <b>Phone Number:</b> 361-729-5414 <b>AGENCY NO:</b> 0ZW4001  |                             |                |
| <b>NAMED INSURED and Mailing Address:</b><br>KEY ALLEGRO CONDO ASSN<br>2611 HWY 35 N, ROCKPORT, TX 78382  |  |                                      | INSURED PROPERTY LOCATION. The property covered by this<br><b>Policy</b> is at the <b>described location</b> unless otherwise stated:<br>901-912 SANDOLLAR ST, BLDG 9, ROCKPORT, TX, 78382 |                             |                |
| <b>RATING INFORMATION</b>   |  | <b>Replacement Cost:</b> \$1,575,000 |  | <b>Flood Risk Zone:</b> AE  |                |
| <b>Pre/Post FIRM:</b> Pre FIRM  |  | <b>Contents Location:</b> N/A        |  | <b>Elevated Building:</b> N |                |
| <b>Occupancy:</b> Other Residential   |  |                                      |  | <b>Number of Units:</b> 12  |                |
| <b>Basement/Enclosure:</b> No B/E/C   |  |                                      |  |                             |                |
| <b>COVERAGE LIMITS</b>  |  |                                      |  |                             | <b>PREMIUM</b> |
| <b>Coverage A-Building Property Limit of Liability:</b> \$1,575,000   |  |                                      |  |                             |                |
| <b>Coverage B-Personal Property Limit of Liability:</b> \$0   |  |                                      |  |                             |                |
| <b>Personal Property Special Limit of Liability:</b> \$0  |  |                                      |  |                             |                |
| <b>Coverage E-Riot Coverage Limit of Liability (Personal Property Only):</b> \$5,000  |  |                                      |  |                             |                |
| <b>Deductible Amounts:</b> Building: \$1,250 / Contents: \$0 / Riot: \$500  |  |                                      |  |                             |                |
| <b>PREMIUM SUBTOTAL</b>   |  |                                      |  |                             | \$3,929.19     |
| <b>Assessments, Surcharges, Taxes, Fees (if applicable):</b>  |  |                                      |  |                             |                |
| Surplus Lines Premium Tax - 4.85%   |  |                                      |  |                             | \$190.57       |
| Stamping Fee - 0.15%  |  |                                      |  |                             | \$5.89         |
| <b>Total Amount Paid</b>  |  |                                      |  |                             | \$4,125.65     |
| <b>Forms and Endorsements</b> which are made a part of this <b>Policy</b> at the time of issuance:<br>PRCB0001P-0519, PRCB0003E-1215, NT0023-0515 *, NT0102-0918 *, NT0054-0815 *, PRCB0005E-1215, N8051-0415 *, DF00965C-0416. |  |                                      |  |                             |                |
| <b>Mortgagee 1</b> Name and address:  |  |                                      | <b>Mortgagee 2</b> Name and Address:   |                             |                |
| Loan No.:   |  |                                      | Loan No.:  |                             |                |
| <b>PAYOR:</b> Insured   |  |                                      |  |                             |                |

This Policy meets the definition of private flood insurance contained in 42 U.S.C.4012a(b)(7) and the corresponding regulation.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

In addition, a Stamping Fee of .15% is required on gross premium.



Authorized Representative

09/13/2019

Date

Surplus Lines Broker:  
TrackSure Insurance Agency, Inc.  
License # 19721  
Laurie J. Harris  
2677 N. Main St., Suite 600  
Santa Ana, CA 92705  
PRCB0003D-0519

**Voyager Indemnity Insurance Company**

A Stock Insurance Company  
260 Interstate North Circle SE  
Atlanta, GA 30339

**Policy Number: PFS000367300**

For questions or to report a claim please call 800-280-3309

**PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY  
FLOOD INSURANCE POLICY DECLARATIONS PAGE**

NEW DECLARATION \*\*\*\*\*  
EFFECTIVE 09/26/19

|   |   |                                    |   |                             |                |
|---|---|------------------------------------|---|-----------------------------|----------------|
| <b>POLICY PERIOD:</b>   |   |                                    | <b>AGENCY:</b>  |                             |                |
| <b>EFFECTIVE DATE</b>   | <b>EFFECTIVE TIME:</b><br>12:01 a.m. standard time at the insured property location | <b>EXPIRATION DATE</b>             | GLASS SORENSON & MCDAVID DBA GSM INSURORS<br>PO BOX 1478<br>ROCKPORT, TX, 78381   |                             |                |
| 09/26/2019  |   | 09/26/2020                         | <b>Phone Number:</b> 361-729-5414 <b>AGENCY NO:</b> 0ZW4001   |                             |                |
| <b>NAMED INSURED and Mailing Address:</b><br>KEY ALLEGRO CONDO ASSN<br>2611 HWY 35 N, ROCKPORT, TX 78382  |   |                                    | INSURED PROPERTY LOCATION. The property covered by this <b>Policy</b> is at the <b>described location</b> unless otherwise stated:<br>1001-1006 SANDOLLAR ST, BLDG 1, ROCKPORT, TX, 78382 |                             |                |
| <b>RATING INFORMATION</b>   |   | <b>Replacement Cost:</b> \$911,500 |   | <b>Flood Risk Zone:</b> AE  |                |
| <b>Pre/Post FIRM:</b> Pre FIRM  |   | <b>Contents Location:</b> N/A      |   | <b>Elevated Building:</b> N |                |
| <b>Occupancy:</b> Other Residential   |   |                                    |   | <b>Number of Units:</b> 6   |                |
| <b>Basement/Enclosure:</b> No B/E/C   |   |                                    |   |                             |                |
| <b>COVERAGE LIMITS</b>  |   |                                    |   |                             | <b>PREMIUM</b> |
| <b>Coverage A-Building Property Limit of Liability:</b> \$911,500   |   |                                    |   |                             |                |
| <b>Coverage B-Personal Property Limit of Liability:</b> \$0   |   |                                    |   |                             |                |
| <b>Personal Property Special Limit of Liability:</b> \$0  |   |                                    |   |                             |                |
| <b>Coverage E-Riot Coverage Limit of Liability (Personal Property Only):</b> \$5,000  |   |                                    |   |                             |                |
| <b>Deductible Amounts:</b> Building: \$1,250 / Contents: \$0 / Riot: \$500  |   |                                    |   |                             |                |
| <b>PREMIUM SUBTOTAL</b>   |   |                                    |   |                             | \$2,068.42     |
| <b>Assessments, Surcharges, Taxes, Fees (if applicable):</b>  |   |                                    |   |                             |                |
| Surplus Lines Premium Tax - 4.85%   |   |                                    |   |                             | \$100.32       |
| Stamping Fee - 0.15%  |   |                                    |   |                             | \$3.10         |
| <b>Total Amount Paid</b>  |   |                                    |   |                             | \$2,171.84     |
| <b>Forms and Endorsements</b> which are made a part of this <b>Policy</b> at the time of issuance:<br>PRCB0001P-0519, PRCB0003E-1215, NT0023-0515 *, NT0102-0918 *, NT0054-0815 *, PRCB0005E-1215, N8051-0415 *, DF00965C-0416. |   |                                    |   |                             |                |
| <b>Mortgagee 1</b> Name and address:  |   |                                    | <b>Mortgagee 2</b> Name and Address:  |                             |                |
| Loan No.:   |   |                                    | Loan No.:   |                             |                |
| <b>PAYOR:</b> Insured   |   |                                    |   |                             |                |

This Policy meets the definition of private flood insurance contained in 42 U.S.C.4012a(b)(7) and the corresponding regulation.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

In addition, a Stamping Fee of .15% is required on gross premium.



Authorized Representative

09/13/2019

Date

Surplus Lines Broker:  
TrackSure Insurance Agency, Inc.  
License # 19721  
Laurie J. Harris  
2677 N. Main St., Suite 600  
Santa Ana, CA 92705  
PRCB0003D-0519

# Voyager Indemnity Insurance Company

A Stock Insurance Company  
260 Interstate North Circle, SE, Atlanta, Georgia 30339 (800) 852-2244

## PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY (PRCBAP) GENERAL CHANGE ENDORSEMENT

AGENCY NAME: GLASS SORENSEN & MCDAVID DBA GSM INSURORS

AGENCY NO.: 0ZW4001

Attached to and forming a part of PRCBAP Policy **PFS0003673-00** issued to:

KEY ALLEGRO CONDO ASSN

by VOYAGER INDEMNITY INSURANCE COMPANY

EFFECTIVE DATE OF ENDORSEMENT: **09-26-2019**

It is hereby understood and agreed that the following item(s) are amended to read as follows:

Amended building # to read: **BLDG 10**

All other terms and conditions shall remain the same.

**Voyager Indemnity Insurance Company**A Stock Insurance Company  
260 Interstate North Circle SE  
Atlanta, GA 30339**Policy Number: PFS000367400**

For questions or to report a claim please call 800-280-3309

**PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY  
FLOOD INSURANCE POLICY DECLARATIONS PAGE**NEW DECLARATION \*\*\*\*\*  
EFFECTIVE 09/26/19

|   |  |                                    |  |                             |                |
|---|--|------------------------------------|--|-----------------------------|----------------|
| <b>POLICY PERIOD:</b>   |  |                                    | <b>AGENCY:</b>   |                             |                |
| <b>EFFECTIVE DATE</b>   | <b>EFFECTIVE TIME:</b><br>12:01 a.m. standard time at<br>the insured property location | <b>EXPIRATION DATE</b>             | GLASS SORENSON & MCDAVID DBA GSM INSURORS<br>PO BOX 1478<br>ROCKPORT, TX, 78381  |                             |                |
| 09/26/2019  |  | 09/26/2020                         | <b>Phone Number:</b> 361-729-5414 <b>AGENCY NO:</b> 0ZW4001  |                             |                |
| <b>NAMED INSURED and Mailing Address:</b><br>KEY ALLEGRO CONDO ASSN<br>2611 HWY 35 N, ROCKPORT, TX 78382  |  |                                    | INSURED PROPERTY LOCATION. The property covered by this<br><b>Policy</b> is at the <b>described location</b> unless otherwise stated:<br>1101-1106 SANDOLLAR ST, BLDG 1, ROCKPORT, TX, 78382 |                             |                |
| <b>RATING INFORMATION</b>   |  | <b>Replacement Cost:</b> \$911,500 |  | <b>Flood Risk Zone:</b> AE  |                |
| <b>Pre/Post FIRM:</b> Pre FIRM  |  | <b>Contents Location:</b> N/A      |  | <b>Elevated Building:</b> N |                |
| <b>Occupancy:</b> Other Residential   |  |                                    |  | <b>Number of Units:</b> 6   |                |
| <b>Basement/Enclosure:</b> No B/E/C   |  |                                    |  |                             |                |
| <b>COVERAGE LIMITS</b>  |  |                                    |  |                             | <b>PREMIUM</b> |
| <b>Coverage A-Building Property Limit of Liability:</b> \$911,500   |  |                                    |  |                             |                |
| <b>Coverage B-Personal Property Limit of Liability:</b> \$0   |  |                                    |  |                             |                |
| <b>Personal Property Special Limit of Liability:</b> \$0  |  |                                    |  |                             |                |
| <b>Coverage E-Riot Coverage Limit of Liability (Personal Property Only):</b> \$5,000  |  |                                    |  |                             |                |
| <b>Deductible Amounts:</b> Building: \$1,250 / Contents: \$0 / Riot: \$500  |  |                                    |  |                             |                |
| <b>PREMIUM SUBTOTAL</b>   |  |                                    |  |                             | \$2,068.42     |
| <b>Assessments, Surcharges, Taxes, Fees (if applicable):</b>  |  |                                    |  |                             |                |
| Surplus Lines Premium Tax - 4.85%   |  |                                    |  |                             | \$100.32       |
| Stamping Fee - 0.15%  |  |                                    |  |                             | \$3.10         |
| <b>Total Amount Paid</b>  |  |                                    |  |                             | \$2,171.84     |
| <b>Forms and Endorsements</b> which are made a part of this <b>Policy</b> at the time of issuance:<br>PRCB0001P-0519, PRCB0003E-1215, NT0023-0515 *, NT0102-0918 *, NT0054-0815 *, PRCB0005E-1215, N8051-0415 *, DF00965C-0416. |  |                                    |  |                             |                |
| <b>Mortgagee 1</b> Name and address:  |  |                                    | <b>Mortgagee 2</b> Name and Address:   |                             |                |
| Loan No.:   |  |                                    | Loan No.:  |                             |                |
| <b>PAYOR:</b> Insured   |  |                                    |  |                             |                |

This Policy meets the definition of private flood insurance contained in 42 U.S.C.4012a(b)(7) and the corresponding regulation.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

In addition, a Stamping Fee of .15% is required on gross premium.



Authorized Representative

09/13/2019

Date

Surplus Lines Broker:  
TrackSure Insurance Agency, Inc.  
License # 19721  
Laurie J. Harris  
2677 N. Main St., Suite 600  
Santa Ana, CA 92705  
PRCB0003D-0519

# Voyager Indemnity Insurance Company

A Stock Insurance Company  
260 Interstate North Circle, SE, Atlanta, Georgia 30339 (800) 852-2244

## PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY (PRCBAP) GENERAL CHANGE ENDORSEMENT

AGENCY NAME: GLASS SORENSEN & MCDAVID DBA GSM INSURORS

AGENCY NO.: 0ZW4001

Attached to and forming a part of PRCBAP Policy **PFS0003674-00** issued to:

KEY ALLEGRO CONDO ASSN

by VOYAGER INDEMNITY INSURANCE COMPANY

EFFECTIVE DATE OF ENDORSEMENT: **09-26-2019**

It is hereby understood and agreed that the following item(s) are amended to read as follows:

Amended building # to read: **BLDG 11**

All other terms and conditions shall remain the same.

**Voyager Indemnity Insurance Company**A Stock Insurance Company  
260 Interstate North Circle SE  
Atlanta, GA 30339**Policy Number: PFS000367500**

For questions or to report a claim please call 800-280-3309

**PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY  
FLOOD INSURANCE POLICY DECLARATIONS PAGE**NEW DECLARATION \*\*\*\*\*  
EFFECTIVE 09/26/19

|   |  |                                    |  |                             |                |
|---|--|------------------------------------|--|-----------------------------|----------------|
| <b>POLICY PERIOD:</b>   |  |                                    | <b>AGENCY:</b>   |                             |                |
| <b>EFFECTIVE DATE</b>   | <b>EFFECTIVE TIME:</b><br>12:01 a.m. standard time at<br>the insured property location | <b>EXPIRATION DATE</b>             | GLASS SORENSON & MCDAVID DBA GSM INSURORS<br>PO BOX 1478<br>ROCKPORT, TX, 78381  |                             |                |
| 09/26/2019  |  | 09/26/2020                         | <b>Phone Number:</b> 361-729-5414 <b>AGENCY NO:</b> 0ZW4001  |                             |                |
| <b>NAMED INSURED and Mailing Address:</b><br>KEY ALLEGRO CONDO ASSN<br>2611 HWY 35 N, ROCKPORT, TX 78382  |  |                                    | INSURED PROPERTY LOCATION. The property covered by this<br><b>Policy</b> is at the <b>described location</b> unless otherwise stated:<br>1201-1204 MAZATLAN DR, BLDG 12, ROCKPORT, TX, 78382 |                             |                |
| <b>RATING INFORMATION</b>   |  | <b>Replacement Cost:</b> \$701,000 |  | <b>Flood Risk Zone:</b> AE  |                |
| Pre/Post FIRM: Pre FIRM   |  | <b>Contents Location:</b> N/A      |  | <b>Elevated Building:</b> N |                |
| Occupancy: 2-4 Family   |  |                                    |  | <b>Number of Units:</b> 4   |                |
| Basement/Enclosure: No B/E/C  |  |                                    |  |                             |                |
| <b>COVERAGE LIMITS</b>  |  |                                    |  |                             | <b>PREMIUM</b> |
| Coverage A-Building Property Limit of Liability: \$701,000  |  |                                    |  |                             |                |
| Coverage B-Personal Property Limit of Liability: \$0  |  |                                    |  |                             |                |
| Personal Property Special Limit of Liability: \$0   |  |                                    |  |                             |                |
| Coverage E-Riot Coverage Limit of Liability (Personal Property Only): \$5,000   |  |                                    |  |                             |                |
| Deductible Amounts: Building: \$1,250 / Contents: \$0 / Riot: \$500   |  |                                    |  |                             |                |
| <b>PREMIUM SUBTOTAL</b>   |  |                                    |  |                             | \$1,392.11     |
| <b>Assessments, Surcharges, Taxes, Fees (if applicable):</b>  |  |                                    |  |                             |                |
| Surplus Lines Premium Tax - 4.85%   |  |                                    |  |                             | \$67.52        |
| Stamping Fee - 0.15%  |  |                                    |  |                             | \$2.09         |
| <b>Total Amount Paid</b>  |  |                                    |  |                             | \$1,461.72     |
| <b>Forms and Endorsements</b> which are made a part of this <b>Policy</b> at the time of issuance:<br>PRCB0001P-0519, PRCB0003E-1215, NT0023-0515 *, NT0102-0918 *, NT0054-0815 *, PRCB0005E-1215, N8051-0415 *, DF00965C-0416. |  |                                    |  |                             |                |
| <b>Mortgagee 1</b> Name and address:  |  |                                    | <b>Mortgagee 2</b> Name and Address:   |                             |                |
| Loan No.:   |  |                                    | Loan No.:  |                             |                |
| <b>PAYOR:</b> Insured   |  |                                    |  |                             |                |

This Policy meets the definition of private flood insurance contained in 42 U.S.C.4012a(b)(7) and the corresponding regulation.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

In addition, a Stamping Fee of .15% is required on gross premium.



Authorized Representative

09/13/2019

Date

Surplus Lines Broker:  
TrackSure Insurance Agency, Inc.  
License # 19721  
Laurie J. Harris  
2677 N. Main St., Suite 600  
Santa Ana, CA 92705  
PRCB0003D-0519

**Voyager Indemnity Insurance Company**

A Stock Insurance Company  
260 Interstate North Circle SE  
Atlanta, GA 30339

**Policy Number: PFS000367600**

For questions or to report a claim please call 800-280-3309

**PRIVATE RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY  
FLOOD INSURANCE POLICY DECLARATIONS PAGE**

NEW DECLARATION \*\*\*\*\*  
EFFECTIVE 09/26/19

|   |   |   |   |  |                |
|---|---|---|---|--|----------------|
| <b>POLICY PERIOD:</b>   |   |   | <b>AGENCY:</b>  |  |                |
| <b>EFFECTIVE DATE</b>   | <b>EFFECTIVE TIME:</b><br>12:01 a.m. standard time at the insured property location | <b>EXPIRATION DATE</b>  | GLASS SORENSON & MCDAVID DBA GSM INSURORS<br>PO BOX 1478<br>ROCKPORT, TX, 78381   |  |                |
| 09/26/2019  |   | 09/26/2020  | <b>Phone Number:</b> 361-729-5414 <b>AGENCY NO:</b> 0ZW4001   |  |                |
| <b>NAMED INSURED and Mailing Address:</b><br>KEY ALLEGRO CONDO ASSN<br>2611 HWY 35 N, ROCKPORT, TX 78382  |   |   | INSURED PROPERTY LOCATION. The property covered by this <b>Policy</b> is at the <b>described location</b> unless otherwise stated:<br>1401-1406 MAZATLAN DR, BLDG 14, ROCKPORT, TX, 78382 |  |                |
| <b>RATING INFORMATION</b>   |   | <b>Replacement Cost:</b> \$841,500<br><b>Contents Location:</b> N/A |   | <b>Flood Risk Zone:</b> AE<br><b>Elevated Building:</b> N<br><b>Number of Units:</b> 6 |                |
| Pre/Post FIRM: Pre FIRM<br>Occupancy: Other Residential<br>Basement/Enclosure: No B/E/C   |   |   |   |  |                |
| <b>COVERAGE LIMITS</b>  |   |   |   |  | <b>PREMIUM</b> |
| Coverage A-Building Property Limit of Liability: \$841,500<br>Coverage B-Personal Property Limit of Liability: \$0<br>Personal Property Special Limit of Liability: \$0<br>Coverage E-Riot Coverage Limit of Liability (Personal Property Only): \$5,000<br>Deductible Amounts: Building: \$1,250 / Contents: \$0 / Riot: \$500 |   |   |   |  |                |
| <b>PREMIUM SUBTOTAL</b>   |   |   |   |  | \$2,009.81     |
| <b>Assessments, Surcharges, Taxes, Fees (if applicable):</b>  |   |   |   |  |                |
| Surplus Lines Premium Tax - 4.85%   |   |   |   |  | \$97.48        |
| Stamping Fee - 0.15%  |   |   |   |  | \$3.01         |
| <b>Total Amount Paid</b>  |   |   |   |  | \$2,110.30     |
| <b>Forms and Endorsements</b> which are made a part of this <b>Policy</b> at the time of issuance:<br>PRCB0001P-0519, PRCB0003E-1215, NT0023-0515 *, NT0102-0918 *, NT0054-0815 *, PRCB0005E-1215, N8051-0415 *, DF00965C-0416.   |   |   |   |  |                |
| <b>Mortgagee 1</b> Name and address:  |   |   | <b>Mortgagee 2</b> Name and Address:  |  |                |
| Loan No.:   |   |   | Loan No.:   |  |                |
| <b>PAYOR:</b> Insured   |   |   |   |  |                |

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