



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/28/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY USI Insurance Services 235 Magrath Darby Blvd, Suite 325 Mt. Pleasant, SC 29464 Fax: (866) 359-0812	PHONE (A/C, No, Ext): (843) 573-2600	COMPANY Arch Specialty HDI Global Specialty
FAX (A/C, No):	E-MAIL ADDRESS:	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: MYRTLBEA8		
INSURED Myrtle Beach Resort HPR, Inc. c/o FirstService Residential 5907 S Kings Hwy, Suite 400 Myrtle Beach, SC 29575		LOAN NUMBER POLICY NUMBER See Remarks
EFFECTIVE DATE 4/15/2025		EXPIRATION DATE 4/15/2026
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION

5905 (A) S Kings Hwy., Myrtle Beach, SC 29575

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

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building - Cause of Loss; Special including Wind/Hail & Water Damage Equipment Breakdown coverage included - up to \$ 10,000,000 Deductibles: - Named Storm (per building) - All other WInd/Hail - Water Damage - Earthquake Ordinance or Law - Coverage Included in building limit	\$47,199,163	\$ 10,000 5% \$25,000 \$10,000 2%

REMARKS (Including Special Conditions)


Location: 5905 S Kings Hwy, Myrtle Beach, SC 29575 (A Building) Building coverage is Replacement Cost & subject to terms and conditions of the policy. Coverage provided by the following: Primary Property - Arch Specialty Limit \$ 25,000,000 pol# CH5EC002230 Excess Property HDI Global Specialty Limit - \$22,199,163 pol# JEM25XS1235

Total Number of Units - 251

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS First Service Residential Property Manager 5907 S Kings Hwy Suite 400 Myrtle Beach, SC 29575	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

4/28/2025

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

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 235 Magrath Darby Blvd Ste 325 Mount Pleasant, SC 29464 843 573-2600		CONTACT NAME: Wanda Smith PHONE (A/C, No, Ext): 864-428-4323 E-MAIL ADDRESS: wanda.smith2@usi.com FAX (A/C, No):	
INSURED Myrtle Beach Resort HPR 5905 S Kings Highway Myrtle Beach, SC 29575		INSURER(S) AFFORDING COVERAGE INSURER A : Colony Insurance Company INSURER B : Midvale Indemnity Company INSURER C : Pennsylvania Manufacturers Indemnity Co INSURER D : Atlantic Specialty Insurance Company INSURER E : StarNet Insurance Company INSURER F :	
		NAIC #	
		39993	
		27138	
		41424	
		27154	
		40045	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			103GL021908900	04/15/2025	04/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			103GL021908900	04/15/2025	04/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PRP229824000001186	04/15/2025	04/15/2026	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	2025010551820Y	04/15/2025	04/15/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	D&O			MML0041200425	04/15/2025	04/15/2026	\$ 1,000,000
E	Crime/Fidelity			QDR000267400	04/15/2025	04/15/2026	\$ 1,200,000


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

REFERENCE ACORD 27

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





USI INSURANCE SERVICES LLC
235 MAGRATH DARBY BLVD SUITE 325
MT PLEASANT, SC 29464

Agency Phone: (843) 573-2600

NFIP Policy Number: 0005547778
Company Policy Number: FLD5547778
Agent: MELISSA RHODES

Payor: INSURED
Policy Term: 05/08/2025 12:01 AM - 05/08/2026 12:01 AM
Policy Form: RCBAP

To report a claim
visit or call us at: <https://customer.myselectiveflood.com>
(877) 348-0552

NEW FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS	INSURED NAME(S) AND MAILING ADDRESS
MYRTLE BEACH RESORT HPR COUNCIL OF CO-OWNERS 5905 S KINGS HWY MYRTLE BEACH, SC 29575-4967	MYRTLE BEACH RESORT HPR COUNCIL OF CO-OWNERS 5905 S KINGS HWY MYRTLE BEACH, SC 29575-4967

COMPANY MAILING ADDRESS	INSURED PROPERTY LOCATION
Selective Ins Co of the Southeast PO BOX 782747 PHILADELPHIA, PA 19178-2747	5905 S KINGS HWY MYRTLE BEACH, SC 29575-4967

RATING INFORMATION	BUILDING DESCRIPTION:	ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING	BUILDING DESCRIPTION DETAIL: N/A	
NUMBER OF UNITS: 251 UNITS	REPLACEMENT COST VALUE: \$40,420,953.00	
PRIMARY RESIDENCE: NO	DATE OF CONSTRUCTION: 07/01/1983	
PROPERTY DESCRIPTION: ELEVATED WITH ENCLOSURE NOT ON POSTS, PILES OR PIERS (SOLID FOUNDATION WALLS), 5 FLOOR(S)	CURRENT FLOOD ZONE: AE	
PRIOR NFIP CLAIMS: 0 CLAIM(S)	FIRST FLOOR HEIGHT (FEET): 1.1	
	FIRST FLOOR HEIGHT METHOD: FEMA DETERMINED	

MORTGAGEE / ADDITIONAL INTEREST INFORMATION	
FIRST MORTGAGEE:	LOAN NO: N/A
SECOND MORTGAGEE:	LOAN NO: N/A
ADDITIONAL INTEREST:	LOAN NO: N/A
DISASTER AGENCY:	CASE NO: N/A DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE	
BUILDING: COVERAGE DEDUCTIBLE	
	\$40,421,000 \$2,000
CONTENTS: N/A N/A	
COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS. Please review this declaration page for accuracy. If any changes are needed, contact your agent. Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts .	

COMPONENTS OF TOTAL AMOUNT DUE	
BUILDING PREMIUM:	\$28,214.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$7,024.00)
FULL RISK PREMIUM:	\$21,265.00
ANNUAL INCREASE CAP DISCOUNT:	(\$0.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$21,265.00
RESERVE FUND ASSESSMENT:	\$3,828.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$2,242.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$27,585.00

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


Michael H. Lanza / Secretary


John Marchioni / Chairman, President & CEO

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Zero Balance Due - This Is Not A Bill

Policy issued by: Selective Ins Co of the Southeast

Insurer NAIC Number: 39926



File: 31844529

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