



**First Insurance  
Company of Hawaii**

A Member of the Tokio Marine Group

ATLAS INSURANCE AGENCY INC  
1132 BISHOP ST STE 1600  
HONOLULU, HI 96813-2846

Agency Phone: (808) 533-3222

NFIP Policy Number: 0002001409  
Company Policy Number: 0002001409  
Agent: . ATLAS INSURANCE AGENCY

Policy Term: 04/30/2019 12:01 AM through 04/30/2020 12:01 AM  
Renewal Billing Payor: INSURED

To report a claim visit or call us at: <https://fihcoh.managemyfloodpolicy.com>  
(877) 254-6819

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

STANDARD POLICY - GENERAL PROPERTY FORM

### DELIVERY ADDRESS

THE WHALER ON KAA NAPALI BEACH AOA  
C/O DESTINATION MAUI, INC.  
380 HUKU LII PLACE, STE 206  
KIHEI, HI 96753

### INSURED NAME(S) AND MAILING ADDRESS

THE WHALER ON KAA NAPALI BEACH AOA  
C/O DESTINATION MAUI, INC.  
380 HUKU LII PLACE, STE 206  
KIHEI, HI 96753

### COMPANY MAILING ADDRESS

FIRST INSURANCE COMPANY OF HAWAII, LTD.  
PO BOX 912240  
DENVER, CO 80291-2240

### PROPERTY LOCATION

2481 KAA NAPALI PKWY LOBBY  
LAHAINA, HI 96761-1910

Refer to [www.fema.gov/cost-of-flood](http://www.fema.gov/cost-of-flood) for more information about flood risk and policy rating.

DESCRIPTION: N/A

### RATING INFORMATION

ORIGINAL NEW BUSINESS DATE: 04/30/2010  
REINSTATEMENT DATE: N/A  
BUILDING OCCUPANCY: NON-RESIDENTIAL - BUSINESS  
CONDOMINIUM INDICATOR: NOT A CONDO  
NUMBER OF UNITS: N/A  
PRIMARY RESIDENCE: NO  
ADDITIONS/EXTENSIONS: N/A  
BUILDING TYPE: ONE FLOOR  
BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: NO BASEMENT

DATE OF CONSTRUCTION: 01/01/1950  
COMMUNITY NUMBER: 150003 0353 F REGULAR PROGRAM  
COMMUNITY NAME: MAUI COUNTY  
CURRENT FLOOD ZONE: X  
GRANDFATHERED: NO  
FLOOD RISK/RATED ZONE: X  
ELEVATION DIFFERENCE: N/A  
ELEVATED BUILDING TYPE: NON-ELEVATED

### MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: LOAN NO: N/A

SECOND MORTGAGEE: LOAN NO: N/A

ADDITIONAL INTEREST: BANK OF HAWAII ISAOA  
MAUI COMMERCIAL BANKING CENTER 11 E KAMEHAMEHA AVE KAHULUI, HI 96732  
LOAN NO: N/A

DISASTER AGENCY: CASE NO: 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	\$500,000	\$10,000	\$175,000	1.040	\$325,000	0.300	(\$517.00)	\$2,278.00
CONTENTS	\$500,000	\$10,000	\$150,000	1.350	\$350,000	0.620	(\$776.00)	\$3,419.00

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

ANNUAL SUBTOTAL:	\$5,697.00
INCREASED COST OF COMPLIANCE:	\$6.00
COMMUNITY RATING DISCOUNT: 5%	(\$285.00)
RESERVE FUND ASSESSMENT: 15.0%	\$813.00
PROBATION SURCHARGE:	\$0.00
ANNUAL PREMIUM :	\$6,231.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$50.00
TOTAL:	\$6,531.00

IN WITNESS WHEREOF, I have signed this policy below and hereby enter into this Insurance Agreement

Stephen J. Tabussi/Senior Vice President

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 FIRST INSURANCE COMPANY OF HAWAII, LTD.

Company NAIC: 41742



File: 10440657

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## PRIVACY NOTICE FOR PERSONAL LINES POLICYHOLDERS

Protection of your private information is a matter of great importance to the First Insurance Company of Hawaii, Ltd. (FICOH) affiliated companies. While the nature of insurance requires that insurance companies periodically gather personal information about you, FICOH recognizes that access to nonpublic personal financial and health information must be safeguarded. This notice explains our overall commitment to privacy with respect to nonpublic personal financial or health information that FICOH maintains about you. More detailed privacy notices may apply where required by the nature of the product or service provided.

### WHY WE COLLECT INFORMATION

We collect information about you that is necessary to review, process or service requests for products, benefits or other services. For example, we may collect nonpublic personal financial and health information to determine eligibility for coverage or benefits under one or more of our products.

### THE TYPES OF INFORMATION WE COLLECT

Most of the information we collect is obtained from you. Generally, we request identification information such as name, address, phone number and social security number. Additional information is collected in connection with providing a product or service. We may obtain additional information from our affiliates, such as information about your transactions with them. We may also obtain information from third parties such as the department of motor vehicles, consumer credit reporting agencies, health care providers and health information clearinghouses.

### HOW WE DISCLOSE INFORMATION

The information that we collect as described above is used to make coverage, service, benefit and other insurance-related decisions. This information is sometimes shared, as permitted by law, with FICOH affiliates and nonaffiliated third parties to carry out daily business functions; review, process or service your products or services; or in connection with product offerings. Examples of nonaffiliated third parties with whom we may share information are insurance agents and brokers; insurance regulatory authorities; claim service administrators engaged by us to adjust, administer, service or process claims and reinsurance companies.

Other than as described above, we do not share your personal information with nonaffiliated third parties.

### HOW WE PROTECT INFORMATION

FICOH restricts access to information to those employees or service providers who need to know the information in order to provide products or services to you. We regularly review our security measures and employee education programs to help protect this information. When we share information with nonaffiliated third parties, we require that they have standards to keep this information private. This privacy policy notice is not in lieu of any other privacy notice issued by any other affiliate, business unit, department or division of FICOH. This privacy policy continues to apply even when your relationship with FICOH has terminated.

### WHOM TO CONTACT REGARDING PRIVACY MATTERS

You can contact the FICOH Privacy Policy Unit by mail addressed to FICOH Privacy Policy Unit, 1100 Ward Ave., Honolulu, HI 96814 or by fax to (808)543-3283. Please include your name and policy number in any correspondence to us.

### THIS NOTICE IS PROVIDED ON BEHALF OF THE FOLLOWING FICOH AFFILIATED COMPANIES:

First Insurance Company of Hawaii, Ltd.  
First Indemnity Insurance of Hawaii, Inc.  
First Fire and Casualty Insurance of Hawaii, Inc.  
First Security Insurance of Hawaii, Inc.

