



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
5/17/2016

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> Brady, Chapman, Holland & Associates 10055 West Gulf Bank Houston TX 77040	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 713-688-1500      FAX (A/C, No): 713-688-7967 E-MAIL ADDRESS: ehoacerts@bch-insurance.com PRODUCER CUSTOMER ID: PARAMOUNTL	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> JDH Association Management Co., Inc. Paramount Lofts Condominiums 15201 E. Freeway, Suite 205 Channelview TX 77530	<b>INSURER A:</b> Westchester Surplus Lines Ins AWB      14172	
	<b>INSURER B:</b> QBE Specialty (AWB)	
	<b>INSURER C:</b> Travelers Casualty and Surety Compa      19038	
	<b>INSURER D:</b> TravelersPropertyCasualtyof America      25674	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

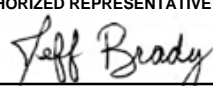
**COVERAGES**      **CERTIFICATE NUMBER:** 570324096      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 3015 Chenevert Street, Houston, TX 77004. 13 Units, 2 Buildings. Per occurrence Deductibles: All Other Perils \$10,000; All Other Wind/Hail \$25,000 per location; Named Windstorm 2% per location of the sum of all values listed in the most recent schedule of values on file, subject to \$50,000 minimum; Sewer/Drain Backup \$25,000.

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> <b>PROPERTY</b>	D38100488001	4/30/2016	4/1/2017	BUILDING	\$
B	<input type="checkbox"/> <b>CAUSES OF LOSS</b>	AHAR1005000	4/30/2016	4/1/2017	PERSONAL PROPERTY	\$
	<input type="checkbox"/> <b>BASIC</b>				BUILDING	\$
	<input type="checkbox"/> <b>BROAD</b>				BUSINESS INCOME	\$
	<input checked="" type="checkbox"/> <b>SPECIAL</b>				EXTRA EXPENSE	\$
	<input type="checkbox"/> <b>EARTHQUAKE</b>				RENTAL VALUE	\$
	<input checked="" type="checkbox"/> <b>WIND</b>				<input checked="" type="checkbox"/> <b>BLANKET BUILDING</b>	\$1,479,300
	<input type="checkbox"/> <b>FLOOD</b>				<input type="checkbox"/> <b>BLANKET PERS PROP</b>	\$
					<input type="checkbox"/> <b>BLANKET BLDG &amp; PP</b>	\$
					<input checked="" type="checkbox"/> <b>Deductibles</b>	\$
					See Above	\$
	<input type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY				\$
	<input type="checkbox"/> <b>CAUSES OF LOSS</b>					\$
	<input type="checkbox"/> <b>NAMED PERILS</b>	POLICY NUMBER				\$
C	<input checked="" type="checkbox"/> <b>CRIME</b>	106516264	4/30/2016	4/1/2017	<input checked="" type="checkbox"/> <b>Limit</b>	\$100,000
	<input type="checkbox"/> <b>TYPE OF POLICY</b>				<input checked="" type="checkbox"/> <b>Deductible</b>	\$1,000
	<input type="checkbox"/> <b>Employee Dishonesty</b>					\$
D	<input checked="" type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>	BME11H975999TIL16	4/30/2016	4/1/2017	<input checked="" type="checkbox"/> <b>Limit</b>	\$1,479,300
					<input checked="" type="checkbox"/> <b>Deductible</b>	\$1,000
						\$
						\$

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 The Property Insurance limit shown above is subject to an Occurrence Limit of \$50,832,749 to be shared by all locations included within this Master Insurance Policy. This is a Master Policy which includes multiple unaffiliated properties.  
 See Attached...

<b>CERTIFICATE HOLDER</b>  For Insurance Verification	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Brady, Chapman, Holland & Associates		NAMED INSURED JDH Association Management Co., Inc. Paramount Lofts Condominiums 15201 E. Freeway, Suite 205 Channelview TX 77530	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 24      FORM TITLE: CERTIFICATE OF PROPERTY INSURANCE**

Special Conditions

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Property: Coverage includes Windstorm, Hurricane, and Hail.

Property: Co Insurance - none

Property: Coverage includes the following types of property contained within a unit, if the Condominium Association Agreement requires it: Fixtures, improvements and alterations that are a part of the interior building or structure.

PRIMARY CARRIER

Westchester Surplus Lines Insurance Company

Limit of Liability - \$10,000,000 per occurrence

ADDITIONAL CARRIERS

QBE Specialty Insurance Company

Limit of Liability - \$ 40,832,749 part of \$ 40,832,749 excess of \$ 10,000,000 per occurrence