



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/2/2018

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.

PRODUCER Brady, Chapman, Holland & Associates 10055 West Gulf Bank Houston TX 77040	CONTACT NAME:	
	PHONE (A/C, No, Ext): 713-688-1500	FAX (A/C, No): 713-688-7967
INSURED 1219 Residences Condominium Assoc, Inc. JDH Association Management Co., Inc. 15201 I-10 East Frwy, Suite 205 Channelview TX 77530	E-MAIL ADDRESS: ehoacerts@bch-insurance.com	
	PRODUCER CUSTOMER ID: 1219RESIDE	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Westchester Surplus Lines Ins AWB	NAIC # 14172
	INSURER B: Travelers Casualty and Surety Company	NAIC # 19038
	INSURER C: TravelersPropertyCasualtyof America-TRV	NAIC # 25674
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 1180358730

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
1219 Banks, Houston, TX 77006. 7 Units, 1 Building. Deductibles per occurrence: \$10,000 All Other Perils; \$25,000 All Other Wind/Hail; 2% subject to \$25,000 minimum Named Windstorm per location of the sum of all values listed in the most recent schedule of values on file; \$25,000 Sewer/Drain Backup.

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"/> PROPERTY	D38065981002	4/1/2018	4/1/2019	<input checked="" type="checkbox"/> BUILDING	\$ 917,000
	CAUSES OF LOSS	DEDUCTIBLES			<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 5,000
		BUILDING			BUSINESS INCOME	\$
	<input type="checkbox"/> BASIC				EXTRA EXPENSE	\$
	<input type="checkbox"/> BROAD	CONTENTS			RENTAL VALUE	\$
	<input checked="" type="checkbox"/> SPECIAL				BLANKET BUILDING	\$
	EARTHQUAKE				BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/> WIND				BLANKET BLDG & PP	\$
	FLOOD				All Other Prop	\$ 58,000
	<input checked="" type="checkbox"/>	REPLACEMENT				\$
		COST				\$
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
						\$
B	<input type="checkbox"/> CRIME	106709315	4/1/2017	4/1/2020	<input checked="" type="checkbox"/> Limit	\$ 50,000
	TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 500
	Employee Dishonesty					\$
C	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	BME16K244125TIL18	4/1/2018	4/1/2019	<input checked="" type="checkbox"/> Limit	\$ 980,000
					<input checked="" type="checkbox"/> Deductible	\$ 1,000
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The property limit shown above is the limit of insurance per schedule on file with the carrier for the above named insured individual association location.

Special Conditions:
Property: Coverage Includes Windstorm, Hurricane, and Hail.
Property: Co-insurance - none
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

For Insurance Verification

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

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Brady, Chapman, Holland & Associates		NAMED INSURED 1219 Residences Condominium Assoc, Inc. JDH Association Management Co., Inc. 15201 I-10 East Frwy, Suite 205 Channelview TX 77530	
POLICY NUMBER			
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

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

Special Conditions

Property: Building Ordinance or Law Coverage A is included in the Building Limit of Liability.

Property: Building Ordinance or Law Coverage B&C-\$1,000,000 Per Location Per Occurrence for Locations Built After 1980. \$500,000 Per Location Per Occurrence for Locations Built During or Before 1980.

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.

Employee Dishonesty: Includes Designated Property Manager as Employees.