

# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 4/4/2018

CI BI	RT LO	IFICATE DOE W. THIS CE	ES NOT AFFIR	S A MATTER OF INFORMATION ON MATIVELY OR NEGATIVELY AMEN INSURANCE DOES NOT CONSTI R, AND THE CERTIFICATE HOLDER	ID, EXTEND OR IUTE A CONTRA	ALTER THE CO	VEF	RAGE AFFORDED E	BY THE	POLICIES	
PRO			Iolland & Asso	aiataa	NAME:						
		West Gulf Ba		clates		PHONE (A/C, No, Ext): 713-688-1500 FAX (A/C, No): 713-688-7967					
Ηοι	isto	n TX 77040			ADDRESS: en	E-MAIL ADDRESS: ehoacerts@bch-insurance.com PRODUCER CUSTOMER ID: FLATSONJAC1					
					CUSTOMER ID:						
						INSURER(S) AFFORDING COVERAGE					
		n laakaan Hi	ill I Condominiu			INSURER A: Travelers Casualty and Surety Company					
		ation	ill I Condominiu			INSURER B: TravelersPropertyCasualtyof America-TRV					
JDH	A	sociation Ma	anagement Co	., Inc.	INSURER C : WE	INSURER C: Westchester Surplus Lines Ins AWB					
		East Freewa elview TX 77			INSURER D :	INSURER D :					
Cha	11116		550		INSURER E :	INSURER E :					
					INSURER F :	INSURER F :					
		AGES		CERTIFICATE NUMBER: 17574421		REVISION NUMBER:					
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 802 Jackson Hill, Houston, TX 77007. 9 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 POLIC PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC 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										Backup. HE POLICY RESPECT IS	
	3JE(	ECT TO ALL THE TERMS, EXC TYPE OF INSURANCE		POLICY NUMBER	CH POLICIES. LIM POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	BY PAID CLAIMS.		
C	Х	PROPERTY		D38065981002	4/1/2018	4/1/2019	X	BUILDING	\$ 1,316,5	581	
-		ISES OF LOSS	DEDUCTIBLES				X	PERSONAL PROPERTY	\$ 10,000		
		BASIC	BUILDING					BUSINESS INCOME	\$ 10,000		
		BROAD						EXTRA EXPENSE	\$		
	х	SPECIAL	CONTENTS					RENTAL VALUE	\$		
	~	EARTHQUAKE						BLANKET BUILDING			
	Х	WIND						BLANKET PERS PROP	\$		
	^	FLOOD						BLANKET BLDG & PP	\$		
	Х	TLOOD	REPLACEMENT					All Other Prop	\$		
	^		COST				<u> </u>		\$ 19,000		
		INLAND MARINE		TYPE OF POLICY					\$		
		SES OF LOSS						-	\$		
		NAMED PERILS						-	\$		
		NAMED I EIGEO						-	\$		
A		CRIME		106510434	4/1/2017	4/1/2020	X	Limit \$50,000	\$		
							X	Ded \$500	\$		
		E OF POLICY					$\vdash$		\$		
В	X			4/1/2018	4/1/2019	X	Limit	\$ \$\$1,341	581		
-	~	EQUIPMENT BREAKDOWN					X	Deductible	\$\$1,341 \$\$1,000		
						<u> </u>			· ·		
								1	\$ \$		
The Spe Pro Pro	pro cial perty perty	perty limit sho Conditions:	wn above is the	CORD 101, Additional Remarks Schedule, may b limit of insurance per schedule on file v rm, Hurricane, and Hail.			nsu	red individual associa	. ·	ition.	
000					041051145						
		ICATE HOLI	JEK		SHOULD ANY O EXPIRATION DA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		*For Insu	Irance Verificatio	n	Toff Bear	AUTHORIZED REPRESENTATIVE Teff Brady					
						© 1995-2015 AC	OR	D CORPORATION.	All righ	nts reserved.	

AGENCY CUSTOMER ID: FLATSONJAC1

LOC #:

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ACORD

## **ADDITIONAL REMARKS SCHEDULE**

AGENCY NAMED INSURED Brady, Chapman, Holland & Associates Flats on Jackson Hill I Condominium Association POLICY NUMBER JDH Association Management Co., Inc. 15201 East Freeway, Suite 205 Channelview TX 77530 CARRIER NAIC CODE EFFECTIVE DATE:

## ADDITIONAL REMARKS

### THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM TITLE: CERTIFICATE OF PROPERTY INSURANCE 24 FORM NUMBER:

#### 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

Courrence 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.