

CERTIFICATE OF PROPERTY INSURANCE

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

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.											
PROD					NAME:	CONTACT NAME:					
		Chapman, H West Gulf Ba	lolland & Asso	clates	PHONE (A/C, No, Ext): 71	PHONE (A/C, No, Ext): 713-688-1500 FAX (A/C, No): 713-688-7967					
		n TX 77040			ADDRESS: eh	ADDRESS: ehoacerts@bch-insurance.com					
					PRODUCER CUSTOMER ID:	PRODUCER CUSTOMER ID: HUNTCRESTC					
						INSURER(S) AFFORDING COVERAGE					
INSU					INSURER A : WE	INSURER A: Westchester Surplus Lines Ins AWB					
JDF	I As	sociation Ma	anagement Co	., Inc.		INSURER B: Travelers Casualty & Surety (ARC)					
		ingwood Dr.	nium Associati	on		INSURER C: TravelersPropertyCasualtyof America-TRV					
		od TX 7733			INSURER D :						
	0				INSURER E :						
CO1	/FP	AGES		CERTIFICATE NUMBER: 96199252		INSURER F : REVISION NUMBER:					
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 770 Hunt Road, Baytown, TX 77521; 12 Units, 3 Bidgs Deductibles per occurrence: \$10,000 All Other Perils; \$25,000 All Other Wind/Hail; 2% subject to \$25,000 minimumfor Named Windstorm; \$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											
SUE	BJEC		IE TERMS, EXC	LUSIONS AND CONDITIONS OF SUC	CH POLICIES. LIM POLICY EFFECTIVE	IMITS SHOWN MAY HAVE BEEN REDUC			BY PA	ID CLAIMS.	
LTR A	V	PROPERTY		D38065981002	4/1/2018	DATE (MM/DD/YYYY) 4/1/2019	X	BUILDING		-	
~	X	ISES OF LOSS	DEDUCTIBLES	038003981002	4/1/2018	4/1/2019	<u> </u>	PERSONAL PROPERTY	\$ 1,386,2	240	
	CAU		BUILDING					-	\$		
		BASIC						BUSINESS INCOME	\$		
-	V	BROAD	CONTENTS					EXTRA EXPENSE	\$		
	Х	SPECIAL						RENTAL VALUE	\$		
		EARTHQUAKE						BLANKET BUILDING	\$		
	Х	WIND						BLANKET PERS PROP	\$		
		FLOOD						BLANKET BLDG & PP	\$		
	Х		Replacement				Х	All Other Prop	\$ 65,000		
			Cost						\$		
		INLAND MARINE		TYPE OF POLICY					\$		
	CAL	SES OF LOSS						1	\$		
				POLICY NUMBER					\$		
								-	\$		
в		CRIME		106445792	9/13/2017	9/13/2020	x	Limit	\$ \$25,00	0	
		E OF POLICY					X	Deductible	\$ \$250	~	
							<u> </u>				
С		BOILER & MACHINERY /		BME16K244125TIL18	4/1/2018	4/1/2019	X	Limit	\$		
		EQUIPMENT BRE			1/2010	7/1/2019	X	Deductible	\$ 1,451,2	240	
							<u> </u>		\$ 1,000		
							<u> </u>	-	\$		
SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$ Property: Coverage Includes Windstorm, Hurricane, and Hail. Property: Co-insurance - none Property: Co-insurance 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 After 1980. \$500,000 Per Location Per Occurrence for Locations Built During or Before 1980. See Attached See Attached											
CEE)FR		CANCELLAT						
					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 Ins	urance Verificati	on							
					AUTHORIZED REF						
					Toff Brac	Foff Brady					
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AGENCY CUSTOMER ID: HUNTCRESTC

LOC #:

ACORD

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Brady, Chapman, Holland & Associates POLICY NUMBER		NAMED INSURED JDH Association Management Co., Inc. Huntcrest Condominium Association 1849 Kingwood Dr., Suite 103 Kingwood TX 77339
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: 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 Employee.