

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.												
PRO					NAME:							
		Chapman, F West Gulf Ba	Iolland & Asso	ciates	PHONE (A/C, No, Ext): 71	PHONE (A/C, No, Ext): 713-688-1500 FAX (A/C, No): 713-688-7967						
		n TX 77040			E-MAIL ah	E-MAIL ADDRESS: ehoacerts@bch-insurance.com						
					PRODUCER	PRODUCER CUSTOMER ID: ROLGOMPLAC						
						INSURER(S) AFFORDING COVERAGE NAIC #						
INSU	RED				INSURER A . WE	INSURER A : Westchester Surplus Lines Ins AWB						
				Owners Association		INSURER B: Travelers Casualty and Surety Company						
		ssociation Ma Voodstead C	anagement Co	o., Inc.		INSURER C : TravelersPropertyCasualtyof America-TRV						
		odlands TX										
					INSURER D :							
					INSURER E :							
001		1050		CEDTICICATE NUMBER. 20574005		INSURER F :						
				CERTIFICATE NUMBER: 72571925	-		RE	VISION NUMBER:				
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 7650 Spring Hill Street, Houston, TX 77021. 7 Buildings, 26 Units. 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										ewer/Drain THE POLICY H RESPECT		
				' BE ISSUED OR MAY PERTAIN, THE CLUSIONS AND CONDITIONS OF SUC								
INSR LTR		TYPE OF INSURANCE		POLICY NUMBER		POLICY EXPIRATION		COVERED PROPERTY	LIMITS			
А	Х	PROPERTY		D38064265002	4/1/2018	4/1/2019	Х	BUILDING	\$ 3,556,	500		
	CAL	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$			
		BASIC	BUILDING	-				BUSINESS INCOME	\$			
		BROAD		_				EXTRA EXPENSE	\$			
	Х	SPECIAL	CONTENTS					RENTAL VALUE				
	~	EARTHQUAKE		-				BLANKET BUILDING	\$			
	V			-				-	\$			
	Х	WIND		-				BLANKET PERS PROP	\$			
		FLOOD		-				BLANKET BLDG & PP	\$			
	Х		Replacement	-			X	All Other Prop	\$ 112,50	00		
			Cost						\$			
		INLAND MARINE		TYPE OF POLICY					\$			
	CAL	ISES OF LOSS							\$			
		NAMED PERILS		POLICY NUMBER					\$			
									\$			
В	Х	CRIME		106399685	10/21/2016	10/21/2018	Х	Limit	\$ 100,00	0		
	TYP	E OF POLICY					Х	Deductible	\$ 1,000			
		bloyee Dishonesty						1	\$			
С	X	BOILER & MACH	IINERY /	BME16K244125TIL18	4/1/2018	4/1/2019	х	Limit	\$ 3,669,	000		
	• •	EQUIPMENT BR					X	Deductible	\$ 1,000			
									1 ·			
								-	\$			
SPEC				CORD 101 Additional Remarks Schedula, may b	e attached if more spac	e is required)			\$			
SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Special Conditions: Property: Coverage Includes Windstorm, Hurricane, and Hail. Property: Co-insurance - none Property: Building Ordinance or Law Coverage A is included in the Building Limit of Liability. Property: Building Ordinance or Law Coverage B&C-\$500,000 See Attached												
CERTIFICATE HOLDER CANCELLATION												
SI						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
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AGENCY CUSTOMER ID: ROLGOMPLAC

LOC #:

ACORD	

ADDITIONAL REMARKS SCHEDULE

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AGENCY Brady, Chapman, Holland & Associates	NAMED INSURED Rolgom Place Townhouse Condo Owners Association JDH Association Management Co., Inc. 1776 Woodstead Ct. #103 The Woodlands TX 77380				
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 Employees.