



# CERTIFICATE OF PROPERTY INSURANCE

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

<b>PRODUCER</b> Brady, Chapman, Holland & Associates 10055 West Gulf Bank Houston TX 77040	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td><b>PHONE (A/C. No. Ext):</b> 713-688-1500</td> <td><b>FAX (A/C. No.):</b> 713-688-7967</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> ehoacerts@bch-insurance.com</td> </tr> <tr> <td colspan="2"><b>PRODUCER CUSTOMER ID:</b> WOODFORES1</td> </tr> </table>	<b>CONTACT NAME:</b>		<b>PHONE (A/C. No. Ext):</b> 713-688-1500	<b>FAX (A/C. No.):</b> 713-688-7967	<b>E-MAIL ADDRESS:</b> ehoacerts@bch-insurance.com		<b>PRODUCER CUSTOMER ID:</b> WOODFORES1							
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<b>INSURED</b> Woodforest Condominium Association, Inc. JDH Association Management Co., Inc. PO Box 96046 Houston TX 77015	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> Travelers Casualty and Surety Company</td> <td style="text-align: center;">19038</td> </tr> <tr> <td><b>INSURER B:</b> Westchester Surplus Lines Ins AWB</td> <td style="text-align: center;">14172</td> </tr> <tr> <td><b>INSURER C:</b> TravelersPropertyCasualtyof America-TRV</td> <td style="text-align: center;">25674</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Travelers Casualty and Surety Company	19038	<b>INSURER B:</b> Westchester Surplus Lines Ins AWB	14172	<b>INSURER C:</b> TravelersPropertyCasualtyof America-TRV	25674	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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**COVERAGES** **CERTIFICATE NUMBER: 347867786** **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 12955 Woodforest Blvd, Houston, TX 77015. 80 Units, 9 Buildings. 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		
B	<input checked="" type="checkbox"/> <b>PROPERTY</b>	D38065981002	4/1/2018	4/1/2019	<input checked="" type="checkbox"/> BUILDING	\$ 5,441,869		
	CAUSES OF LOSS					DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC					BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD					CONTENTS	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL						<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$	
	<input checked="" type="checkbox"/> WIND					<input type="checkbox"/> BLANKET PERS PROP	\$	
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$	
<input checked="" type="checkbox"/>	REPLACEMENT	<input checked="" type="checkbox"/> All Other Prop	\$ 202,000					
	COST		\$					
	<input type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY				\$		
	CAUSES OF LOSS					\$		
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$		
A	<input checked="" type="checkbox"/> <b>CRIME</b>	106700799	4/1/2017	4/1/2020	<input checked="" type="checkbox"/> \$50,000 Limit	\$		
	TYPE OF POLICY					<input checked="" type="checkbox"/> \$500 Deductible	\$	
	Employee Dishonesty						\$	
C	<input checked="" type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>	BME16K244125TIL18	4/1/2018	4/1/2019	<input checked="" type="checkbox"/> Limit	\$ 5,643,869		
						<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**

<b>AGENCY</b> Brady, Chapman, Holland & Associates		<b>NAMED INSURED</b> Woodforest Condominium Association, Inc. JDH Association Management Co., Inc. PO Box 96046 Houston TX 77015	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**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.