

# CERTIFICATE OF PROPERTY INSURANCE

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

CI BI	ERT ELO	IFICATE DOB 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				sistas	NAME:	CONTACT NAME:						
		Chapman, F West Gulf Ba	Iolland & Asso ank	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: en	E-MAIL ADDRESS: ehoacerts@bch-insurance.com						
					PRODUCER CUSTOMER ID:	PRODUCER CUSTOMER ID: WOODFOREST3						
						INSURER(S) AFFORDING COVERAGE						
INSU					INSURER A : WE	INSURER A: Westchester Surplus Lines Ins AWB						
			Condominium A anagement Co		INSURER B : Tra							
152	01	East Freewa	y, Suite 205	., 110.	INSURER C : Tra	INSURER C: TravelersPropertyCasualtyof America-TRV						
Cha	anne	elview TX 77	530		INSURER D :	INSURER D :						
					INSURER E :	INSURER E :						
					INSURER F :	INSURER F :						
CO	/ER	AGES		CERTIFICATE NUMBER: 14750641	49	REVISION NUMBER:						
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 12905 Woodforest Blvd Houston, TX 77015. 68 Units, 7 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 IN	,	POLICY NUMBER	POLICIES. LIN	POLICY EXPIRATION		COVERED PROPERTY		LIMITS		
	Х	PROPERTY		D38065981002	4/1/2018	4/1/2019	Х	BUILDING	\$ 4,862,6	380		
		SES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$ 1,002,0			
		BASIC	BUILDING					BUSINESS INCOME	\$			
		BROAD	CONTENTS					EXTRA EXPENSE	\$			
	Х	SPECIAL	CONTENTS					RENTAL VALUE	\$			
		EARTHQUAKE						BLANKET BUILDING	\$			
	х	WIND						BLANKET PERS PROP	\$			
	,,	FLOOD						BLANKET BLDG & PP				
	Х	12000	Replacement				x	All Other Prop	\$	•		
	^		Cost				<u> </u>		\$ 160,00	0		
		INLAND MARINE		TYPE OF POLICY					\$			
								-	\$			
		CAUSES OF LOSS		POLICY NUMBER				-	\$			
		NAMED FERILS		POLICT NUMBER					\$			
_	V	001145		400447040	40/00/0040	4/4/0040		1	\$			
В	Х	CRIME		106417316	12/20/2016	4/1/2019	X	Limit	\$ 100,00	0		
		E OF POLICY					X	Deductible	\$ 1,000			
		loyee Dishonesty							\$			
С	Х	BOILER & MACH EQUIPMENT BRI		BME16K244125TIL18	4/1/2018	4/1/2019	X	Limit	\$ 5,022,6	680		
							X	Deductible	<b>\$</b> 1,000			
								-	\$			
				CORD 101, Additional Remarks Schedule, may b limit of insurance per schedule on file v			 ns::	red individual associat	\$	ition		
Spe Proj Proj	cial perty	Conditions:	ncludes Windsto	rm, Hurricane, and Hail.	man and Carrier IOF (		iisu	ing manual doould				
CE			)FR									
					SHOULD ANY O	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 In	surance Verifica	tion								
						AUTHORIZED REPRESENTATIVE						
					Foff Brac	Feff Brady						
						© 1995-2015 AC	OR	D CORPORATION.	All riah	ts reserved.		

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AGENCY CUSTOMER ID: WOODFOREST3

LOC #:

ACORD	

## **ADDITIONAL REMARKS SCHEDULE**

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AGENCY Brady, Chapman, Holland & Associates	NAMED INSURED Woodforest Pines Condominium Assoc. Inc. JDH Association Management Co., Inc. 15201 East Freeway, 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 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

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.