

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 | \$ 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

Page 1 of 1

| 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.