



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
2/17/2025

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.

PRODUCER Brady, Chapman, Holland & Associates, Inc. 10055 West Gulf Bank Houston TX 77040	CONTACT NAME: PHONE (A/C, No. Ext): 713-688-1500 FAX (A/C, No): 713-688-7967 E-MAIL ADDRESS: ehoacerts@bch-insurance.com PRODUCER CUSTOMER ID: VILLASATKINGS														
INSURED Villas at Kings Harbor Homeowners Association, Inc. c/o TBD Management 11750 Katy Fwy, Suite 1400 Houston TX 77079	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Certain Underwriters at Lloyds -AmWINS</td><td></td></tr><tr><td>INSURER B: Continental Casualty Company (IAG)</td><td>20443</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Certain Underwriters at Lloyds -AmWINS		INSURER B: Continental Casualty Company (IAG)	20443	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: 308021416

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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	
A	<input checked="" type="checkbox"/>	PROPERTY		42-7590200600-S-00	2/12/2025	2/12/2026	<input type="checkbox"/>	BUILDING	\$
	CAUSES OF LOSS		DEDUCTIBLES				<input type="checkbox"/>	PERSONAL PROPERTY	\$
	<input type="checkbox"/>	BASIC	BUILDING				<input type="checkbox"/>	BUSINESS INCOME	\$
	<input type="checkbox"/>	BROAD	See Above				<input type="checkbox"/>	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL	See Above				<input type="checkbox"/>	RENTAL VALUE	\$
	<input type="checkbox"/>	EARTHQUAKE					<input checked="" type="checkbox"/>	BLANKET BUILDING	\$ 3,461,252
	<input type="checkbox"/>	WIND					<input type="checkbox"/>	BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/>	FLOOD					<input type="checkbox"/>	BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/>		Replacement				<input type="checkbox"/>		\$
	<input type="checkbox"/>		Cost				<input type="checkbox"/>		\$
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY			<input type="checkbox"/>		\$	
	CAUSES OF LOSS					<input type="checkbox"/>		\$	
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER			<input type="checkbox"/>		\$	
	<input type="checkbox"/>					<input type="checkbox"/>		\$	
B	<input checked="" type="checkbox"/>	CRIME	768646454	2/5/2025	3/1/2026	<input checked="" type="checkbox"/>		\$ 300,000	
	TYPE OF POLICY		<input type="checkbox"/>				\$		
	Employee Dishonesty		<input type="checkbox"/>				\$		
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN				<input type="checkbox"/>		\$	
	<input type="checkbox"/>					<input type="checkbox"/>		\$	
						<input type="checkbox"/>		\$	
						<input type="checkbox"/>		\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

***Included Designated Property Manager as Employee

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

Jeff Brady

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