



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/14/2024

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Hub International Midwest West 203 N La Salle St Ste 2000 Chicago, IL 60601-1245 License#: 100290819		PHONE (A/C, No, Ext): 312-922-5000	COMPANY NAME AND ADDRESS Underwriters at Lloyd's London	NAIC NO: 15792
FAX (A/C, No): 312-922-5358	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:	POLICY TYPE Commercial Property		
AGENCY CUSTOMER ID #:		LOAN NUMBER	POLICY NUMBER AOPR671	
NAMED INSURED AND ADDRESS Lakeside Conroe Homeowners Association, Inc. 11750 Katy Fwy, Suite 1400 Houston TX 77079		EFFECTIVE DATE 09/19/2024	EXPIRATION DATE 02/10/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION 18704 Crescents Trails Circle Montgomery, TX 77356
<p>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 EVIDENCE OF PROPERTY INSURANCE 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.</p>

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/>	SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 260,500		DED: 2,500					
		YES	NO	N/A			
<input type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE		X		If YES, LIMIT:	Actual Loss Sustained; # of months:	
BLANKET COVERAGE			X		If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE			X		Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X					
IS DOMESTIC TERRORISM EXCLUDED?		X					
LIMITED FUNGUS COVERAGE			X		If YES, LIMIT:	DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X				
REPLACEMENT COST		X					
AGREED VALUE			X				
COINSURANCE		X			If YES, 90%		
EQUIPMENT BREAKDOWN (If Applicable)			X		If YES, LIMIT:	DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg			X		If YES, LIMIT:	DED:	
- Demolition Costs			X		If YES, LIMIT:	DED:	
- Incr. Cost of Construction			X		If YES, LIMIT:	DED:	
EARTH MOVEMENT (If Applicable)			X		If YES, LIMIT:	DED:	
FLOOD (If Applicable)			X		If YES, LIMIT:	DED:	
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: 260,500	DED: 5,000	
NAMED STORM INCL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Subject to Different Provisions:				X	If YES, LIMIT:	DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				X			

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.

ADDITIONAL INTEREST

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS For Informational Purposes Only		AUTHORIZED REPRESENTATIVE

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ADDITIONAL REMARKS SCHEDULE

AGENCY Hub International Midwest West		NAMED INSURED Lakeside Conroe Homeowners Association, Inc. 11750 Katy Fwy, Suite 1400 Houston TX 77079	
POLICY NUMBER APOPR671		EFFECTIVE DATE: 09/19/2024	
CARRIER Underwriters at Lloyd's London	NAIC CODE 15792		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

REMARKS:

Limits:
 Building - Pool House - \$125,000
 Swimming Pool - \$125,000
 Lights, Poles, Monuments - \$10,500

Deductibles:
 All other Perils Per Occurrence Deductible - \$2,500
 Windstorm and Hail Per Building - 2%
 Windstorm/Hail Subject to a minimum per building - \$5,000