EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 2/12/2026

THIS EVIDENCE OF 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.

AGENCY
Hub International Midwest West
1411 Opus Place, Suite 450
Downers Grove, IL 60515

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL ADDRESS: CSUConstruction@hubinternational.com

CODE:

SUB CODE:

AGENCY CUSTOMER ID #: WANPACI-01

COMPANY
Westchester Fire Insurance Company
,

INSURED
Lakeside Conroe Homeowners Association Inc.
11750 Katy Fwy, Suite 1400
Houston TX 77079

LOAN NUMBER

POLICY NUMBER
FSF18912375 001

EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL TERMINATED IF CHECKED
02/10/2026	02/10/2027	☐

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc: 1; Building: 1; 18704 Crescent Trails Circle, Montgomery, TX 77356 - Pool House
Loc: 2; Building: 1; 18704 Crescent Trails Circle, Montgomery, TX 77356 - Pool

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.

COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Loc 1, Bldg 1: (Special, Replacement Cost, 80% Coinsurance)	$125,000	$2,500
Loc 2, Bldg 1: (Special, Replacement Cost, 80% Coinsurance)	$100,000	$2,500

REMARKS (Including Special Conditions)

Wind/hail deductible 3%, min $2,500
Proof of Insurance

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

NAME AND ADDRESS

** Sample **

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☐

LOAN #

AUTHORIZED REPRESENTATIVE