# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 2/25/2020

**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**
Arthur J. Gallagher Risk Management Services, Inc.
1900 West Loop South
Suite 1600
Houston TX 77027

CONTACT NAME: Brett Livingston
PHONE (A/C, No, Ext): 713-358-5754 FAX (A/C, No): 713-965-6578
E-MAIL ADDRESS: brett_livingston@ajg.com
PRODUCER CUSTOMER ID:

**INSURED**
Village of Emerald Bay Homeowners Association, Inc.
11814 North Clear Lake Loop
Pearland TX 77584

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Philadelphia Indemnity Insurance Company | 18058 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**COVERAGES** **CERTIFICATE NUMBER:** 1062219774 **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**
11814 NORTH CLEAR LAKE LOOP PEARLAND TX 77584

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 | X | **PROPERTY** | | PHPK2080223 | 1/1/2020 | 1/1/2021 | | BUILDING | $ |
| | CAUSES OF LOSS | | DEDUCTIBLES | | | | | PERSONAL PROPERTY | $ |
| | | BASIC | BUILDING $2,500 | | | | | BUSINESS INCOME | $ |
| | | BROAD | CONTENTS $2,500 | | | | | EXTRA EXPENSE | $ |
| | X | SPECIAL | | | | | | RENTAL VALUE | $ |
| | | EARTHQUAKE | | | | | X | BLANKET BUILDING | $ 952,000 |
| | X | WIND | 1%WIND/HAIL | | | | X | BLANKET PERS PROP | $ 100,000 |
| | | FLOOD | | | | | | BLANKET BLDG & PP | $ |
| | | | | | | | | | $ |
| | | | | | | | | | $ |
| | | **INLAND MARINE** | | TYPE OF POLICY | | | | | $ |
| | CAUSES OF LOSS | | | | | | | | $ |
| | | NAMED PERILS | | POLICY NUMBER | | | | | $ |
| | | | | | | | | | $ |
| | | **CRIME** | | | | | | | $ |
| | TYPE OF POLICY | | | | | | | | $ |
| | | | | | | | | | $ |
| | | **BOILER & MACHINERY / EQUIPMENT BREAKDOWN** | | | | | | | $ |
| | | | | | | | | | $ |
| | | | | | | | | | $ |
| | | | | | | | | | $ |

**SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**
COVERAGE FOR COMMON AREAS ONLY. COMMON AREAS INCLUDE FENCING/POOLS/CARPORTS/SIGNS/ETC.

**CERTIFICATE HOLDER**

FOR INSURANCE VERIFICATION ONLY

**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.

**AUTHORIZED REPRESENTATIVE**

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/17/2020

**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.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

**PRODUCER**
Arthur J. Gallagher Risk Management Services, Inc.
1900 West Loop South
Suite 1600
Houston TX 77027

CONTACT NAME: Brett Livingston
PHONE (A/C, No, Ext): 713-358-5754 FAX (A/C, No): 713-965-6578
E-MAIL ADDRESS: brett_livingston@ajg.com

**INSURED**
Village of Emerald Bay Homeowners Association
11814 North Clear Lake Loop
Pearland TX 77584

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Philadelphia Indemnity Insurance Company | 18058 |
| INSURER B : Markel American Insurance Company | 28932 |
| INSURER C : Pennsylvania Manufacturers Assoc Ins Co | 12262 |
| INSURER D : AIX Specialty Insurance Company | 12833 |
| INSURER E : NOVA Casualty Company | 42552 |
| INSURER F : | |

**COVERAGES** **CERTIFICATE NUMBER:** 2041586197 **REVISION NUMBER:**

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 | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X **COMMERCIAL GENERAL LIABILITY** | | | PHPK2080223 | 1/1/2020 | 1/1/2021 | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | POLICY PRO-JECT X LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | OTHER: | | | | | | | $ |
| A | **AUTOMOBILE LIABILITY** | | | PHPK2080223 | 1/1/2020 | 1/1/2021 | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| B | X **UMBRELLA LIAB** X OCCUR | | | MKLM4EUU1000030158 | 1/1/2020 | 1/1/2021 | EACH OCCURRENCE | $ 5,000,000 |
| | **EXCESS LIAB** CLAIMS-MADE | | | | | | AGGREGATE | $ 5,000,000 |
| | DED X RETENTION $ 10,000 | | | | | | | $ |
| C | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N | N / A | | 2020010716142Y | 1/1/2020 | 1/1/2021 | X PER STATUTE / OTH-ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** | | | | | | E.L. EACH ACCIDENT | $ 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 500,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 500,000 |
| E<br>D | CRIME/FIDELITY<br>DIRECTORS & OFFICERS | | | WIBCI1000055603<br>WBZGL2000021100 | 1/1/2020<br>1/1/2020 | 1/1/2021<br>1/1/2021 | EMPLOYEE THEFT<br>ANNUAL AGGREGATE | $300,000<br>$1,000,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**
COVERAGE FOR COMMON AREAS ONLY; GENERAL LIABILITY POLICY CONTAINS SEVERABILITY OF INTEREST CLAUSE;CRIME/FIDELITY POLICY INCLUDES THE MANAGEMENT COMPANY AS AN INSURED

**CERTIFICATE HOLDER**

FOR INSURANCE VERIFICATION ONLY

**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.**

**AUTHORIZED REPRESENTATIVE**

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