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 Reflection Bay Homeowners Association, Inc.
Half Moon Bay & Clear Lake Loop South
Pearland TX 77587

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:** 1393693983 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
HALF MOON BAY & CLEAR LAKE LOOP SOUTH PEARLAND TX 77587

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					BUSINESS INCOME	$
		BROAD	$2,500					EXTRA EXPENSE	$
	X	SPECIAL	CONTENTS					RENTAL VALUE	$
		EARTHQUAKE					X	BLANKET BUILDING	$ 759,000
	X	WIND	1%WIND/HAIL					BLANKET PERS PROP	$
		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).

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Suite 1600
Houston TX 77027

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E-MAIL ADDRESS: brett_livingston@ajg.com

INSURED
Village of Reflection Bay Homeowners Association
Half Moon Bay & Clear Lake Loop South
Pearland TX 77587

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:** 725890506 **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			MKLM4EUU1000030159	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		2020010716118Y	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 D	CRIME/FIDELITY DIRECTORS & OFFICERS			WIBCI1000055703 WBZGL2000021200	1/1/2020 1/1/2020	1/1/2021 1/1/2021	EMPLOYEE THEFT ANNUAL AGGREGATE	$300,000 $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

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CANCELLATION

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AUTHORIZED REPRESENTATIVE

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