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PROMULGATED BY THE TEXAS REAL ESTATE COMMISSION (TREC) 8-17-201
<b>CONDOMINIUM RESALE CERTIFICATE</b> (Section 82.157, Texas Property Code)
Condominium Certificate concerning Condominium Unit _47_, in BuildingG, of         Covered Bridge, a condominium project, located at         5005 Georgi Lane(Address), City of _Houston,         County ofHarris, Texas, on behalf of the condominium owners' association (the Association) by the Association's governing body (the Board).
A. The Declaration does does not contain a right of first refusal or other restraint that restricts the right to transfer the Unit. If a right of first refusal or other restraint exists, see Sectionof the Declaration.
B. The periodic common expense assessment for the Unit is \$329.05 perMonth
C. There ☑ is □is not a common expense or special assessment due and unpaid by the Seller to the Association. The total unpaid amount is \$214.51 and is for Will be due March 2022
D. Other amounts are are not payable by Seller to the Association. The total unpaid amount is \$\$329.05 and is for February 2022 Assessment Fees
E. Capital expenditures approved by the Association for the next 12 months are \$ 50,000.00.
F. Reserves for capital expenditures are \$\$519,567.63; of this amount \$50,000.00 has been designated for Major sewage line repairs to builidng B
G. The current operating budget and balance sheet of the Association is attached.
H. The amount of unsatisfied judgments against the Association is \$
I. There Dare Dare not any suits pending against the Association. The nature of the suits is
<ul> <li>J. The Association I does does not provide insurance coverage for the benefit of unit owners as per the attached summary from the Association's insurance agent.</li> <li>K. The Board has I has no knowledge of alterations or improvements to the Unit or to the limited common elements assigned to the Unit or any portion of the project that violate any provision of the Declaration, by-laws or rules of the Association. Known violations are:</li> </ul>
L. The Board Thas That has not received notice from a governmental authority concerning violations of health or building codes with respect to the Unit, the limited common elements assigned to the Unit, or any other portion of the condominium project. Notices received are:
M. The remaining term of any leasehold estate that affects the condominium isN/A and the provisions governing an extension or a renewal of the lease are:
N. The Association's managing agent is
(Mailing Address)
713-936-9200 (Phone) (Fax)
closing@riseamg.com
(E-mail Address)

ndominium Resale Certificate Concernin	-	Page 2 d
	5005 Georgi Lane # 47 (Address of Property)	
<ol> <li>Association fees resulting from</li> </ol>	n the transfer of the unit described at	oove:
Description	Paid To	<u>Amount</u>
Transfer Fee	Rise AMG	\$200.00
2 Months' Prepaid Assessments	Covered Bridge Condominium	\$658.10
P. Required contribution, if any,	to the capital reserves account \$	987.15
REQUIRED ATTACHMENTS: 1. Operating Budget 2. Insurance Summary 3. Balance Sheet		
OTICE: The Certificate mus	t be prepared no more than three	e months before the date
NOTICE: The Certificate mus s delivered to Buyer.	t be prepared no more than three	e months before the date
s delivered to Buyer.		e months before the date
s delivered to Buyer.	t be prepared no more than three covered Bridge Condominium Association, Inc. Name of Association	e months before the date
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s delivered to Buyer. c 3y: <u>Shawna Diaz</u> Name: <u>Shawna Diaz</u>	overed Bridge Condominium Association, Inc. Name of Association	az
s delivered to Buyer. 3y: Shawna Diaz Name: Shawna Diaz Fitle: Managing Agent	overed Bridge Condominium Association, Inc. Name of Association	az
Title: <u>02/01/2022</u>	Covered Bridge Condominium Association, Inc. Name of Association Digitally signed by Shawna Di Date: 2022.02.01 13:03:46 -06	az
s delivered to Buyer.	Covered Bridge Condominium Association, Inc. Name of Association Digitally signed by Shawna Di Date: 2022.02.01 13:03:46 -06	az
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Balance Sheet - Operating Covered Bridge Condominium Association, Inc. End Date: 11/30/2021

### Assets

Assets Current Assets			
10-1009-00	RISE- VCB Operating Account	\$137,504.54	
10-1015-00	Amegy Bank-Escrow	184,638.99	
Total Current Ass	ets:		\$322,143.53
Accounts Receive			
13-1001-00	Allowance for Doubtful Accounts	(8,000.00)	
13-1300-00	Accounts Receivable	22,253.79	
Total Accounts Ro Prepaids	eceivable:		\$14,253.79
14-1410-00	Prepaid Insurance- Property	37,806.08	
14-1415-00	Prepaid Insur- Flood	56,035.49	
Total Prepaids:			\$93,841.57
Total Assets:			\$430,238.89
Liabilities & Equity		—	
Current Liabilities			
20-2010-00	Accounts Payable	2,632.93	
20-2150-00	Prepaid Assessment	58,719.47	
20-2230-00	Escrow Assessment	184,638.99	
20-2291-00	Amegy Bank Credit Card Payable	22,710.32	
Total Current Liat Equity	pilities:		\$268,701.71
30-3030-00	Retained Earnings	184,439.74	
30-3031-00	Prior Year Adjustments	18,175.00	
Total Equity:			\$202,614.74
Ins Claims- Sewe	er Backup Bldg B		
35-2155-00	Claim Proceeds- 01/24/21- Sewer Backup Bldg B	20,771.91	
35-5001-00	Claim Expenses- 01/24/21- Sewer Backup Bldg B	(29,722.83)	
Total Ins Claims- Ins Claims- Poter	Sewer Backup Bldg B:		(\$8,950.92)
36-5001-00	Claims Expenses- Potential Roof	(255.00)	
Total Ins Claims-	Potential Roof:		(\$255.00)
	Net Income Gain / Loss	(31,871.64)	
			(\$31,871.64)
Total Liabilities	& Equity:		\$430,238.89



Balance Sheet - Reserve Covered Bridge Condominium Association, Inc. End Date: 11/30/2021

### Assets

Current Assets			
10-1010-01	RISE- VCB Money Market (Reserve x2256)	\$72,115.73	
10-1011-01	RISE- Capital One (Reserve x8164)	208,403.94	
10-1021-01	Alliance Bank - MM Account (Reserve x8710)	239,047.96	
Total Current Ass	sets:		\$519,567.63
Total Assets:		_	\$519,567.63
Liabilities & Equity		_	
Equity			
30-3030-01	Retained Earnings Reserve	515,463.08	
30-3030-02	Retained Earnings-Insurance Claims	(32,497.93)	
30-3031-01	Prior Year Adjustments- Reserve	5,869.37	
Total Equity:			\$488,834.52
	Net Income Gain / Loss	30,733.11	
		_	\$30,733.11
Total Liabilities	& Equity:		\$519,567.63



# **Income Statement - Operating**

Covered Bridge Condominium Association, Inc.

## 11/30/2021

 Date:
 12/27/2021

 Time:
 10:56 am

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		Current Period			Year-to-date		Annual
Description	Actual	Budget	Variance	Actual	Budget	Variance	Budget
OPERATING INCOME							
Assessment Revenue							
4110 Owner Assessment	\$75,223.61	\$75,223.48	\$0.13	\$827,459.71	\$827,458.28	\$1.43	\$902,681.77
4120 Owner Assessment Patio	512.00	511.99	0.01	5,632.00	5,631.89	0.11	6,143.89
4125 Bad Debts	-	(1,514.71)	1,514.71	-	(16,661.81)	16,661.81	(18,176.51)
Total Assessment Revenue	\$75,735.61	\$74,220.76	\$1,514.85	\$833,091.71	\$816,428.36	\$16,663.35	\$890,649.15
Other Revenue							
4311 Cash Reward Revenue	500.00	83.33	416.67	1,969.82	916.63	1,053.19	1,000.00
4313 Clubhouse Rental Income	-	41.67	(41.67)	-	458.37	(458.37)	500.00
4315 Access Devices	-	-	-	135.00	-	135.00	-
4320 Fine Revenue	-	41.67	(41.67)	-	458.37	(458.37)	500.00
4325 Late Fees and Interest	1,000.99	416.67	584.32	10,695.84	4,583.37	6,112.47	5,000.00
4330 Other Misc. Revene	100.00		100.00	300.00	-	300.00	-
Total Other Revenue	\$1,600.99	\$583.34	\$1,017.65	\$13,100.66	\$6,416.74	\$6,683.92	\$7,000.00
Total OPERATING INCOME	\$77,336.60	\$74,804.10	\$2,532.50	\$846,192.37	\$822,845.10	\$23,347.27	\$897,649.15
OPERATING EXPENSE							
Facility Repair and Maintenance							
6010 General - Repair and Service	-	166.67	166.67	848.36	1,833.37	985.01	2,000.00
6015 Electrical - Repair and Service	-	41.67	41.67	912.63	458.37	(454.26)	500.00
6020 Plumbing - Repair and Service	891.98	166.67	(725.31)	44,043.82	1,833.37	(42,210.45)	2,000.00
6025 Lighting- Repair and Service	-	25.00	25.00	-	275.00	275.00	300.00
6030 Foundation - Repair and	-	166.67	166.67	2,000.00	1,833.37	(166.63)	2,000.00
Service				_,	.,	()	_,
6035 Roofing - Repair and Service	-	166.67	166.67	3,400.00	1,833.37	(1,566.63)	2,000.00
6039 Building Interior- Repair and	-	83.33	83.33	-	916.63	916.63	1,000.00
Service							
6040 Building Exterior- Repair and	-	125.00	125.00	300.00	1,375.00	1,075.00	1,500.00
Service							
6045 Fencing and Gate- Repair and	-	166.67	166.67	83.57	1,833.37	1,749.80	2,000.00
Service							
6050 Sidewalks & Concrete Misc	-	416.67	416.67	2,060.00	4,583.37	2,523.37	5,000.00
Repairs & Maint							
6060 Signs/Flags	-	41.67	41.67	1,385.06	458.37	(926.69)	500.00
6065 Paint/Painting Supplies	-	83.33	83.33	933.38	916.63	(16.75)	1,000.00
6070 Building Supplies and Equipment	-	1,166.67	1,166.67	7,256.01	12,833.37	5,577.36	14,000.00
Total Facility Repair and Maintenanc	\$891.98	\$2,816.69	\$1,924.71	\$63,222.83	\$30,983.59	(\$32,239.24)	\$33,800.00
Building Systems and Equipment							
6120 Fire Safety Equipment	-	-	-	272.01	-	(272.01)	-
6165 Plumbing and Sewage System-	-	166.67	166.67	-	1,833.37	1,833.37	2,000.00
Repair and Service							
Total Building Systems and Equipme	\$-	\$166.67	\$166.67	\$272.01	\$1,833.37	\$1,561.36	\$2,000.00
Grounds and Sanitation Services							
6210 Landscape Maintenance	7,015.71	7,015.71	-	77,172.80	77,172.81	0.01	84,188.52
Contract							
6215 Landscape Enhancements	-	1,250.00	1,250.00	9,454.47	13,750.00	4,295.53	15,000.00
6230 Waste/Recycling and Collection	1,865.06	1,500.00	(365.06)	19,604.42	16,500.00	(3,104.42)	18,000.00
Contract							
6240 Pest Control Contract	-	200.00	200.00	1,206.99	2,200.00	993.01	2,400.00
6241 Pest Control Extermination	1,515.50	416.67	(1,098.83)	2,359.85	4,583.37	2,223.52	5,000.00
6255 Tree Trimming	-		-	4,108.09	-	(4,108.09)	-
Total Grounds and Sanitation Servic	\$10,396.27	\$10,382.38	(\$13.89)	\$113,906.62	\$114,206.18	\$299.56	\$124,588.52
Utilities and Other Services							
6310 Electric Service	932.00	1,166.67	234.67	11,052.69	12,833.37	1,780.68	14,000.00
6330 Water Service	10,024.35	8,309.67	(1,714.68)	94,771.37	91,406.37	(3,365.00)	99,716.00
6335 Drainage and Sewage	175.02	1,250.00	1,074.98	10,222.89	13,750.00	3,527.11	15,000.00
6345 Telephone Service	469.69	341.67	(128.02)	4,128.63	3,758.37	(370.26)	4,100.00
Total Utilities and Other Services	\$11,601.06	\$11,068.01	(\$533.05)	\$120,175.58	\$121,748.11	\$1,572.53	\$132,816.00



# **Income Statement - Operating**

Covered Bridge Condominium Association, Inc.

## 11/30/2021

 Date:
 12/27/2021

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	(	Current Period			Year-to-date		Annu
escription	Actual	Budget	Variance	Actual	Budget	Variance	Budg
General and Administrative							
6410 General Administrative	\$22.80	\$125.00	\$102.20	\$1,503.69	\$1,375.00	(\$128.69)	\$1,500.0
6415 Postage/ Mailing	49.94	208.33	158.39	1,794.85	2,291.63	496.78	2,500.0
6440 Permits, Licenses and Fees	-	83.33	83.33	2,932.94	916.63	(2,016.31)	1,000.0
Total General and Administrative	\$72.74	\$416.66	\$343.92	\$6,231.48	\$4,583.26	(\$1,648.22)	\$5,000.0
Professional							
6510 Management Fee	3,228.57	3,187.18	(41.39)	35,017.59	35,058.98	41.39	38,246.2
6515 Accounting Services	-	333.33	333.33	4,190.00	3,666.63	(523.37)	4,000.0
6520 Legal- Corporate	-	833.33	833.33	1,354.50	9,166.63	7,812.13	10,000.0
6535 Other Professional Services	-	-	-	80.00	-	(80.00)	
6550 Recoverable Legal Expenses	-	-	-	25.00	-	(25.00)	
6560 Recoverable Collections	-	-	-	480.00	-	(480.00)	
	\$3,228.57	\$4,353.84	\$1,125.27	\$41,147.09	\$47,892.24	\$6,745.15	\$52,246.2
Taxes, Insurance, and Banking							
6620 Bank Service Charge	2.00	-	(2.00)	190.13	-	(190.13)	
6630 Insurance Interest/Fees	616.35	433.33	(183.02)	5,547.23	4,766.63	(780.60)	5,200.0
Expense							
6710 Insurance- General Liability &	904.37	877.13	(27.24)	9,841.02	9,648.43	(192.59)	10,525.5
HNOA							
6715 Insurance- Property	17,636.58	16,853.92	(782.66)	190,151.90	185,393.12	(4,758.78)	202,247.0
6720 Insurance- Directors/ Officers	288.42	271.16	(17.26)	3,142.41	2,982.76	(159.65)	3,253.9
6726 Insurance- Flood	6,486.57	7,653.28	1,166.71	77,662.55	84,186.08	6,523.53	91,839.3
6727 Insurance- Umbrella	73.67	66.67	(7.00)	799.79	733.37	(66.42)	800.0
Total Taxes, Insurance, and Banking	\$26,007.96	\$26,155.49	\$147.53	\$287,335.03	\$287,710.39	\$375.36	\$313,865.7
Payroll							
6711 Gross Wages- Maintenance	6,190.58	6,545.82	355.24	67,460.84	72,004.02	4,543.18	78,549.8
6715 Payroll Tax Expense (ER)	473.57	582.82	109.25	6,454.99	6,411.02	(43.97)	6,993.8
6720 Payroll Processing	619.06	654.58	35.52	7,873.67	7,200.38	(673.29)	7,854.9
6729 Insurance- Workers Comp	309.53	327.29	17.76	3,505.36	3,600.19	94.83	3,927.4
(Employee)							
6735 Employee Benefits (Health	5.70	726.98	721.28	195.45	7,996.78	7,801.33	8,723.7
Insurance)							
6740 Phone Allowance	45.00	45.00	-	495.00	495.00	-	540.0
Total Payroll	\$7,643.44	\$8,882.49	\$1,239.05	\$85,985.31	\$97,707.39	\$11,722.08	\$106,589.9
Pool and Recreation Area							
6830 Pool Maint/ Repair	-	833.33	833.33	55.51	9,166.63	9,111.12	10,000.0
6840 Pool Supplies	(63.70)	291.67	355.37	4,664.08	3,208.37	(1,455.71)	3,500.0
Total Pool and Recreation Area	(\$63.70)	\$1,125.00	\$1,188.70	\$4,719.59	\$12,375.00	\$7,655.41	\$13,500.0
Committee and Events							
6925 Community Events	-	41.67	41.67	-	458.37	458.37	500.0
Total Committee and Events	\$-	\$41.67	\$41.67	\$-	\$458.37	\$458.37	\$500.0
Reserves Contributions		•	• -				
7010 Contribution to Reserve	9,395.22	9,395.22	-	155,068.47	103,347.42	(51,721.05)	112,742.6
Total Reserves Contributions			\$-	\$155,068.47	·		
	\$9,395.22	\$9,395.22		. ,	\$103,347.42	(\$51,721.05)	\$112,742.6
Total OPERATING EXPENSE	\$69,173.54	\$74,804.12	\$5,630.58	\$878,064.01	\$822,845.32	(\$55,218.69)	\$897,649.1
Net Income:	\$8,163.06	(\$0.02)	\$8,163.08	(\$31,871.64)	(\$0.22)	(\$31,871.42)	\$0.0



# **Income Statement - Reserve**

Covered Bridge Condominium Association, Inc.

## 11/30/2021

 Date:
 12/27/2021

 Time:
 10:56 am

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	C	urrent Period			Year-to-date		Annual
Description	Actual	Budget	Variance	Actual	Budget	Variance	Budget
RESERVE INCOME							
Assessment Revenue							
4110 Reserve Contribution	\$9,395.22	\$9,395.22	\$-	\$155,068.47	\$103,347.42	\$51,721.05	\$112,742.69
Total Assessment Revenue	\$9,395.22	\$9,395.22	\$-	\$155,068.47	\$103,347.42	\$51,721.05	\$112,742.69
Interest and Investment Revenue							
4220 Interest Income-Reserve	103.06	166.67	(63.61)	1,420.18	1,833.37	(413.19)	2,000.00
Total Interest and Investment Reven	\$103.06	\$166.67	(\$63.61)	\$1,420.18	\$1,833.37	(\$413.19)	\$2,000.00
Total RESERVE INCOME	\$9,498.28	\$9,561.89	(\$63.61)	\$156,488.65	\$105,180.79	\$51,307.86	\$114,742.69
RESERVE EXPENSE							
Facility Repair and Maintenance							
6043 Capital Improvement -	-	2,500.00	2,500.00	26,530.54	27,500.00	969.46	30,000.00
Driveways/Sidewalks							
6051 Capital Improvement - Electrical	-	583.33	583.33	99,225.00	6,416.63	(92,808.37)	7,000.00
7001 Capital Improvements- Pool	-	1,083.33	1,083.33	-	11,916.63	11,916.63	13,000.00
7002 Capital Improvements-	-	2,500.00	2,500.00	-	27,500.00	27,500.00	30,000.00
Foundation Repair/Replace							
Total Facility Repair and Maintenanc	\$-	\$6,666.66	\$6,666.66	\$125,755.54	\$73,333.26	(\$52,422.28)	\$80,000.00
Total RESERVE EXPENSE	\$0.00	\$6,666.66	\$6,666.66	\$125,755.54	\$73,333.26	(\$52,422.28)	\$80,000.00
Net Reserve:	\$9,498.28	\$2,895.23	\$6,603.05	\$30,733.11	\$31,847.53	(\$1,114.42)	\$34,742.69



**ASSURANT®** 

Address Info

**Property Info** 

**Coverage & Rating** 

**Mortgage Info** 

Policy Number: 75058142362021 FLOOD POLICY DECLARATIONS

American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Standard Policy

Type: Renewal **Policy Period:** 09/21/2021 09/21/2022 Original New Business Effective Date: 01/01/2000 **Reinstatement Date:** Form: RCBAP

For payment status, call: (800) 423-4403 These Declarations are effective as of: 09/21/2021 at 12:01 AM

#### Producer Name and Mailing Address: ARCHER RISK SERVICES LLC ATTN: RISE 3200 WILCREST DR STE 110 HOUSTON, TX 77042-3560

# NFIP Policy Number: 7505814236

Agent/Agency #: 10464-00204-000 Reference #: Phone #: (281)849-7545

**Property Location:** UNITS 45-52 5005 GEORGI LN BLDG G HOUSTON, TX 77092-5561

**Primary Residence:** N Premium Payor: Insured Flood Risk/Rated Zone: AE **Current Zone:** AE Community Number: 48 0296 0655 L Community Name: HOUSTON, CITY OF Grandfathered: Yes Pre-Firm Construction **Program Type:** Regular

#### **Insured Name and Mailing Address:** COVERED BRIDGE CONDO ASSN

3200 WILCREST DR STE 110 HOUSTON, TX 77042-3560

NAIC Number: 10111 **Processed by:** 

Flood Service Center P.O. Box 8695 Kalispell MT 59904-8695

**Building Description:** Other Residential Two Floors Slab On Grade Low Rise Main House

Newly Mapped into SFHA: Elev Diff: Elevated Building: N Includes Addition(s) and Extension(s) **Replacement Cost:** \$1,214,004 Number of Units: 8

Туре	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calcu	lation
Building:	1,839,400	.440 / .080	1,250	16	3,184.00	Premium Subtotal:	3,184.00
Contents:						Multiplier:	
Contents						ICC Premium:	8.00
Location:						CRS Discount:	798.00
						Reserve Fund Assmt:	431.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	400.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
Comme	ge Limitations Ma	ay Apply. See You	c	Total Premium Paid:	3,475.00		

## **First Mortgage:**

Member Home Loan LLC ISAOA/ATIMA 9601 JONES RD STE 108 HOUSTON, TX 77065-3877 Loan#: 3003401193

## Second Mortgage:

Loss Payee:

**Disaster Agency:** 

Refer to www.fema.gov/cost-of-flood for more information about the risk of flooding and how it impacts the cost of flood insurance.



210101

A	<i>CORD</i> <sup>®</sup> CER	TIF	FIC	ATE OF LIA	BIL	ITY IN	ISURA	NCE		(MM/DD/YYYY)
	HIS CERTIFICATE IS ISSUED AS A	84AT	TED							
	CERTIFICATE IS ISSUED AS A			** ************************************		+ + + +		** *** **** * ********		
	BELOW. THIS CERTIFICATE OF IN									
						UNIRACI		HE ISSUING INSUREI	((), AL	JINURIZED
	EPRESENTATIVE OR PRODUCER, A									
	MPORTANT: If the certificate holder									
t	he terms and conditions of the policy	, cer	tain p	olicies may require an en	ndorse	ment. A stat	ement on thi	is certificate does not o	onfer ri	ights to the
	ertificate holder in lieu of such endo	seme	ent(s)							
PR	DUCER				CONTA NAME:	CT				
	cher Risk Services, LLC				PHONE			FAX		
	,				(A/C., N	o.Ext):		(A/C, No	:	
32	00 Wilcrest Ste. 110				E-MAIL	ss: archerri	skservices@	gmail.com		
Ho	uston, TX 77042					INC		RDING COVERAGE		NAIC #
1								s Lines Insurance Com	0201	NAIC #
-									pany	
	URED				INSURE	ERB: Starsto	ne National I	nsurance Company		
1	Covered Bridge Condominium			n, Inc.	INSURE	RC: Travele	rs Casualty	& Surety Company of A	merica	
1	c/o Rise Association Manageme	nt Gi	roup		INCUDE					
1	3200 Wilcrest Ste. 110 Houston.	TX 7	7042	ŝ	INSURE					
1	· · · · · · · · · · · · · · · · · · ·				INSURE	ERE :				
					INSURE	ERF:				
CC	VERAGES CEI	<b>TIFI</b>	CATE	NUMBER:				<b>REVISION NUMBER:</b>		
_	HIS IS TO CERTIFY THAT THE POLICIE		-		/E REE	N ISSUED TO	THE INSURE			
	NDICATED, NOTWITHSTANDING ANY R									
	ERTIFICATE MAY BE ISSUED OR MAY									
	XCLUSIONS AND CONDITIONS OF SUCH									
INSI			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			
		INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIM		
								EACH OCCURRENCE	\$	1,000,000
1	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000
1								A 520	+ · · · ·	5,000
								MED EXP (Any one person)	\$	
<b>A</b>		Y		GLWF14871603003		2/5/2021	2/5/2022	PERSONAL & ADV INJURY	\$	1,000,000
1								GENERAL AGGREGATE	s	2,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	s	Included
1								PRODUCTS - COMP/OP AGG		molaca
	POLICY PRO- JECT LOC								\$	
1	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
1							i.	BODILY INJURY (Per person)	S	
		Y		CI ME1 4974602002		21512024	21512022		-	
<b>A</b>	AUTOS	Y		GLWF14871603003		2/5/2021	2/5/2022	BODILY INJURY (Per accident	-	
1	HIRED AUTOS X NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	1,000,000
1							4	·	\$	
1									-	1,000,000
								EACH OCCURRENCE	\$	
B	X EXCESS LIAB CLAIMS-MAD			79900G191ALI		2/5/2021	2/5/2022	AGGREGATE	\$	1,000,000
	DED RETENTION \$								s	
	WORKERS COMPENSATION	-	-					WC STATU- TORY LIMITS ER	-	
1	AND EMPLOYERS' LIABILITY								-	
1	ANY PROPRIETOR/PARTNER/EXECUTIVE	1						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1						E.L. DISEASE - EA EMPLOYE	E \$	
1	If yes, describe under								1	
-	DÉSCRIPTION OF OPERATIONS below	+						E.L. DISEASE - POLICY LIMIT	3	
1										
C	Directors and Officers			107038047		2/5/2021	2/5/2022	1,00	0,000 pe	r occ.
1										
	L CRIPTION OF OPERATIONS / LOCATIONS / VEHI			ACORD 404 Additional Demonto 4	0 ala a du la					
		,LE3 (	Attacn	ACORD 101, Additional Remarks :	Schedule	, ir more space is	s requirea)			
	ndominium Association									
1										
l c	Crime			107038047		2/5/2021	2/5/2022	500,	000 per	occ.
ľ						2/0/2021			•	
1										
1										
_										
CE	RTIFICATE HOLDER				CAN	CELLATION				
1					SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE	CANCEL	LED BEFORE
1								EREOF, NOTICE WILL		
1								Y PROVISIONS.		
					AUTHO	RIZED REPRESE	NTATIVE			
1							<	21/		
1							1	XT		

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										OP ID: V
ACORD	EVIDENCE OF COMM	ER		A		INS	URA	NCE		DATE (MM/DD/YYYY) 2/1/2021
THIS EVIDENCE OF C UPON THE ADDITIONA THE COVERAGE AFFC	OMMERCIAL PROPERTY INSURANCE AL INTEREST NAMED BELOW. THIS E ORDED BY THE POLICIES BELOW. R(S), AUTHORIZED REPRESENTATIV	ce i: Evid This	S IS ENC S EV	sue E d Idei	D AS A MATTER OF OES NOT AFFIRMATIV NCE OF INSURANCE I	INFOR ELY O DOES I	MATION R NEGAT	ONLY /	AMEND, EX	FERS NO RIGHTS
PRODUCER NAME, CONTACT PERSON AND ADDRES	713-936-9654				COMPANY NAME AND ADD	RESS			NAIC NO	):
					Lloyds of London					
Archer Risk Services, L 3200 Wilcrest Ste. 100 Houston, TX 77042	LC									
FAX (A/C, No):	ADDRESS:	l.cor	n		IF MULTIPLE C	OMPANIE	S, COMPLE	TE SEPARA	TE FORM FOR	EACH
CODE:	SUB CODE:				POLICY TYPE					
AGENCY CB-1 CUSTOMER ID #					Property					
NAMED INSURED AND ADDRESS	Condominium Association Inc.							-		
	Condominium Association, Inc. iation Management Group				See Schedule			825	5182	
	Houston, TX 77092				EFFECTIVE DATE	EXPIR	ATION DATE		CON	TINUED UNTIL
5005 Georgi Li	1110uston, 1X 77092				2/1/2021		2/1/202	22		/INATED IF CHECKED
ADDITIONAL NAMED INSURED(S)					THIS REPLACES PRIOR EVID	ENCE DAT	ED:			
PROPERTY INFORMATIC LOCATION / DESCRIPTION 5005 Georgi Ln	DN (Use REMARKS on page 2, if more	e spa	ace i	s re	quired) 🕅 BUIL					DNALPROPERTY
THE POLICIES OF INSURA ANY REQUIREMENT, TERM	NCE LISTED BELOW HAVE BEEN ISSUE I OR CONDITION OF ANY CONTRACT OR	отн	ER D	ocu	URED NAMED ABOVE FO	or the Which	POLICY I THIS EV	PERIOD I	NDICATED. OF PROPER	TY INSURANCE MAY
	AIN, THE INSURANCE AFFORDED BY THE S SHOWN MAY HAVE BEEN REDUCED BY					JECT TO	) ALL THE	E TERMS,	EXCLUSIO	NS AND CONDITIONS
COVERAGE INFORMATI	ON PERILS INSURED	BA	SIC		BROAD X SPECI	AL				
COMMERCIAL PROPERTY C	OVERAGE AMOUNT OF INSURANCE: \$2	26,3	97,7	<b>′</b> 56.	00			I	DED: <b>\$25,0</b>	00
		YES	NO	N/A						
BUSINESS INCOME	RENTAL VALUE				If YES, LIMIT:100,000			Actua	al Loss Susta	ained; # of months:
BLANKET COVERAGE		Χ			If YES, indicate value(s) re	ported o	n property	identified	above: \$	\$26,397,756.00
TERRORISM COVERAGE			Х		Attach Disclosure Notice /	DEC				· · ·
IS THERE A TERRORISM	A-SPECIFIC EXCLUSION?	Х								
IS DOMESTIC TERRORI	SM EXCLUDED?	X								
LIMITED FUNGUS COVERAG	E	Х			If YES, LIMIT: \$15,000				DED:	
FUNGUS EXCLUSION (If "YE	S", specify organization's form used)	X			Fire or Lightning					
REPLACEMENT COST	- , , ,	X								
AGREED VALUE			х							
COINSURANCE			X		If YES, Nil					
EQUIPMENT BREAKDOWN (	If Applicable)	x	^		If YES, LIMIT: <b>\$26,397</b>	756 0	0		DED:	\$25,00
	erage for loss to undamaged portion of bldg	-			If YES, LIMIT: <b>326,397,7</b>					φ23,00
	nolition Costs	X			If YES, LIMIT: 20% Ma				DED:	
		X							DED:	
	. Cost of Construction	Х			If YES, LIMIT: 20% Max	x 1m			DED:	
EARTH MOVEMENT (If Applic	cable)	Х			If YES, LIMIT:				DED:	
FLOOD (If Applicable)		Х	<u> </u>		If YES, LIMIT: <b>\$15,000</b>		-		DED:	<b>.</b>
-	ES NO Subject to Different Provisions:	X	<u> </u>		If YES, LIMIT: <b>\$26,397</b>	•			DED:	\$50,000
	ES NO Subject to Different Provisions:	Х	<u> </u>		If YES, LIMIT: <b>\$26,397</b>	,756.0	0		DED:	1%
HOLDER PRIOR TO LOSS	BROGATION IN FAVOR OF MORTGAGE	X								
CANCELLATION										
	ABOVE DESCRIBED POLICIES BE C DANCE WITH THE POLICY PROVISIO			ED	BEFORE THE EXPIRAT	ION D	ATE THE	REOF, N	IOTICE WI	LL BE
ADDITIONAL INTEREST	Г									
	CONTRACT OF SALE				LENDER SERVICING AGENT NA	AME AND	ADDRESS			
LENDERS LOSS PAYABLE										
For Information Only										
					AUTHORIZED REPRESENTATIV	E		_		
						<	SH			
						4	N			
			Р	age	1 of 2 © 2003-20	14 AC	ORD COR	RPORAT	ION. All rid	ghts reserved.

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### EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)

DEDUCTIBLES

-AOP DEDUCTIBLE OF \$25,000

-ALL OTHER WIND/HAIL DEDUCTIBLE OF \$50,000

-NAMED STORM DEDUCTIBLE IS 18

ADDITIONAL TERMS AND CONDITIONS

-TOTAL NUMBER OF UNITS: 221

-TOTAL NUMBER OF BUILDINGS: 26

-Policy requires 10 notice to cancel

-Policy covers Units only to the extent required by Condo  $\ensuremath{\mathsf{Declaration}}$ 

-POLICY CONTAINS SEVERABILITY OF INTEREST CLAUSE