

ATTACHED IS YOUR POLICY

We are pleased to provide you with the attached policy. Please take a moment to review your policy and contact your agent if you have questions or concerns.

Agent Information

RICHARD M ENG INS AGCY
5761 BISSONNET ST
BELLAIRE, TX 77401

Insured Information

LONE TREE BAYOU LLC
323 23RD ST
GALVESTON, TX 77550

Phone: 713-667-0389

Fax: 713-667-1680

Policy Number: M0700021020
Effective: 7/7/2023
Expires: 7/7/2024.

Coverage: PACKAGE POLICY-
TRIA Coverage: REJECTED
Minimum Earned Premium: 25%

Company: ATLANTIC CASUALTY INSURANCE COMPANY

IMPORTANT

Cancellation and Minimum Earned Premium: Please carefully review the common policy conditions and all endorsements pertaining to cancellation and minimum earned premium. When a policy cancels, the "number of days coverage was in effect" is used to calculate the earned amount. If the earned amount is less than the minimum earned amount stated in the policy, the minimum earned amount is used to determine the return premium.

Policy Fees, Additional Insureds, and Waivers of Subrogation are fully earned, do not apply to the minimum earned amount, and are nonrefundable in the event of cancellation.

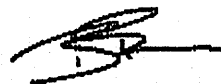
Audit Premiums: Your policy can be audited by the insurance company. Please review the policy conditions and endorsements in the event your policy is audited.

GUARANTY FUND STAMP

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

PREMIUM SUMMARY

Premium:	\$1,950.00
Policy Fee:	\$315.00
State Tax:	\$109.85
Stamping Fee:	\$1.70
Total:	\$2,376.55



FORM: AIM-COVERPG (09/22)

Authorized Representative: JENCAP INSURANCE SERVICES INC.
PO BOX 2045 HOUSTON TX 77252

COMMON POLICY DECLARATIONS

 M070001579-0
 Renewal of Number

 Policy Number M070002102-0
Item 1. Named Insured and Mailing Address:

LONE TREE BAYOU LLC

 323 23RD ST
 GALVESTON TX 77550

Item 2. Policy Period From: 07/07/2023 To: 07/07/2024 Term 366 Day (s)

12:01 A.M. Standard Time at the address of the Named Insured as stated herein Item 3.

Item 3. Business Description:
 OFFICE & HALL RENTAL

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Form No and Edition Date	Premium
Commercial General Liability Coverage Part		\$ 500.00
Property Coverage Part		\$ 1,450.00
		\$
		\$
		\$
		\$
		\$
		\$
	Subtotal	\$ 1,950.00
	POLICY FEE	\$ 315.00
	STATE TAX	\$ 109.85
	STAMPING FEE	\$ 1.70
		\$
		\$
		\$
	Total	\$ 2376.55

Audit Period Annual unless otherwise stated: _____

Item 4. Forms and endorsements applicable to all Coverage Parts:
 See Schedule of Forms and Endorsements

 Agent No.: 420070
 General Agent: JENCAP INSURANCE SERVICES, INC.
 Address: PO BOX 2045
 HOUSTON TX 77252


 Producer Code No.: 01438
 Producer Name: RICHARD M ENG INS AGCY
 Producer Address: 5761 BISSONNET ST
 BELLAIRE TX 77401

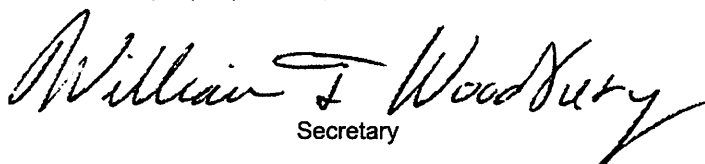
 Countersigned 07/04/2023 KC/RP
 DATE

 By 
 COUNTERSIGNATURE

THIS COMMON POLICY DECLARATIONS AND THE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBER POLICY.

IN WITNESS WHEREOF, this Company has caused the Policy to be signed by its President and its Secretary and countersigned by a duly authorized representative.


 President


 Secretary

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

M070001579-0
Renewal of Number*

Policy No. M070002102-0
Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)*
LONE TREE BAYOU LLC

323 23RD ST
GALVESTON TX 77550

Policy Period*: From 07/07/2023 to 07/07/2024

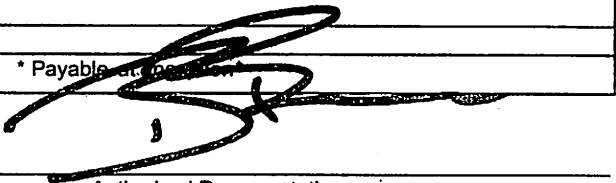
Supplemental Declaration is attached at 12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

BUSINESS DESCRIPTION*		OFFICE & HALL RENTAL				
DESCRIPTION OF PREMISES						
PREM. NO. 1	BLDG. NO. 1	323 TREMONT TX 77550		LOCATION, CONSTRUCTION AND OCCUPANCY Joisted masonry/brick		GALVESTON OFFICE & HALL RENTAL
COVERAGES PROVIDED - INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN						
PREM. NO. 1	BLDG. NO. 1	COVERAGE Building	LIMIT OF INSURANCE 300,000	COVERED CAUSES OF LOSS Special Excl Theft	COINSURANCE+ 80 %	RATES 0.4830
OPTIONAL COVERAGES - APPLICABLE ONLY WHEN ENTRIES ARE MADE IN THE SCHEDULE BELOW.					+ IF EXTRA EXPENSE COVERAGE, LIMITS ON THE LOSS PAYMENT	
AGREED VALUE			REPLACEMENT COST (X)			
PREM. NO. 1	BLDG. NO. 1	EXPIRATION DATE	COVERAGE	AMOUNT	BUILDING X	PERSONAL PROPERTY INCL "STOCK"
INFLATION GUARD (Percentage)		++ MONTHLY LIMIT OF		++ MAXIMUM PERIOD ++		EXTENDED PERIOD
PREM. NO.	BLDG. NO.	BUILDING	PERSONAL PROPERTY	INDEMNITY (Fraction)	INDEMNITY (X)	OF INDEMNITY (DAYS)
		%	%			
		%	%			
MORTGAGE HOLDER(S)					++ APPLIES TO BUSINESS INCOME ONLY	
PREM. NO. 1	BLDG. NO. 1	FROST BANK SAN ANTONIO		MORTGAGE HOLDER NAME AND MAILING ADDRESS LOAN# 47380849001; PO BOX 1600 TX 78296		
DEDUCTIBLE						
\$ 1,000 EXCEPTIONS: REFER TO CP1054						
FORMS AND ENDORSEMENTS applying to this Coverage part and made part of this policy at time of issue**:						
APPLICABLE TO ALL COVERAGES: SEE SCHEDULE OF FORMS AND ENDORSEMENTS						
APPLICABLE TO SPECIFIC PREMISES/COVERAGES:						
	PREM. NO.	BLDG. NO.	COVERAGES	FORM NUMBERS		
PREMIUM FOR THIS COVERAGE PART				TOTAL \$ 1,450.00 * Payable at [unclear]		

Countersigned: *

* Entry optional if shown in Common Policy Declarations

By: 
Authorized Representative

** Forms and endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS ENDORSEMENT, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Renewal of Number M070001579-0

Policy No. M070002102-0

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code) *
LONE TREE BAYOU LLC

**323 23RD ST
 GALVESTON**

TX 77550

Policy Period *: From **07/07/2023** to **07/07/2024** at 12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE		
Each Occurrence Limit	\$ 1,000,000	
Damages To Premises Rented To You Limit	\$ 100,000	Any one premises
Medical Expense Limit	\$ 5,000	Any one person
Personal and Advertising Injury Limit	\$ 1,000,000	Any one person or organization
General Aggregate Limit		\$ 2,000,000
Products / Completed Operations Aggregate Limit		\$ INCLUDED

RETROACTIVE DATE (CG 00 02 ONLY)

Coverage A of this Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, If any, shown here:
 (Enter Date or "None" if no Retroactive Date applies)

DESCRIPTION OF BUSINESS AND LOCATION OF PREMISES

Form of Business:
 Individual Joint Venture Partnership Organization (Other than Partnership or Joint Venture) Business

Description*:
OFFICE & HALL RENTAL

Location of All Premises You Own, Rent or Occupy:

323 TREMONT

GALVESTON

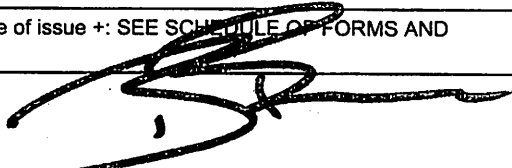
TX 77550

PREMIUM

Classification	Code No.	Premium Basis	Territory	Pr/Co	Rate		Advance Premium	
					All Other	Pr/Co	All Other	
Buildings or Premises - Bank or Office - Mercantile or Mfg (Lessor's Risk Only) Other Not-For-Profit*	61212	A 4,100 SF	005	INCL	48.803	\$ INCL		\$ 200
					Extension Subtotal		\$	0.00
Minimum Premium Applies					Total or Minimum Premium		\$	500.00
* (a) area (c) total cost (m) admission (p) payroll (s) gross sales (u) units (t) other								

FORMS AND ENDORSEMENTS applying to this Coverage part and made part of this policy at time of issue +: SEE SCHEDULE OF FORMS AND ENDORSEMENTS

Countersigned: *

By 
 Authorized Representative

* Entry optional if shown in Common Policy Declarations.

+ Form s and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.