



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
1/31/2025

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.

<b>PRODUCER</b> Clearview Insurance Agency, LLC 1201 Richardson Dr. suite 132 Richardson TX 75068	<b>CONTACT NAME:</b> Michele Bailey <b>PHONE (A/C, No, Ext):</b> 972-800-9566 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> michelebailey@decisiveinsurance.com <b>PRODUCER CUSTOMER ID:</b>														
<b>INSURED</b> Woodhaven Condominimums HOA c/o Alternative Management Group 310 E I-30 suite 320 Garland TX 75043	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Landmark American Insurance Company</td><td></td></tr><tr><td>INSURER B : Great American Insurance Co</td><td></td></tr><tr><td>INSURER C : Liberty Mutual Fire Insurance Comp</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Landmark American Insurance Company		INSURER B : Great American Insurance Co		INSURER C : Liberty Mutual Fire Insurance Comp		INSURER D :		INSURER E :		INSURER F :	
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## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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	<input checked="" type="checkbox"/> <b>PROPERTY</b>	LHD948925	01/31/2025	01/31/2026	<input checked="" type="checkbox"/> <b>BUILDING</b>	\$ 16,752,100	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> <b>PERSONAL PROPERTY</b>	\$
	<input type="checkbox"/> <b>BASIC</b>				<b>BUILDING</b>	<input type="checkbox"/> <b>BUSINESS INCOME</b>	\$
	<input type="checkbox"/> <b>BROAD</b>				<b>50,000</b>	<input type="checkbox"/> <b>EXTRA EXPENSE</b>	\$
	<input checked="" type="checkbox"/> <b>SPECIAL</b>				<b>CONTENTS</b>	<input type="checkbox"/> <b>RENTAL VALUE</b>	\$
	<input type="checkbox"/> <b>EARTHQUAKE</b>					<input type="checkbox"/> <b>BLANKET BUILDING</b>	\$
	<input checked="" type="checkbox"/> <b>WIND</b>				<b>5%</b>	<input type="checkbox"/> <b>BLANKET PERS PROP</b>	\$
	<input type="checkbox"/> <b>FLOOD</b>					<input type="checkbox"/> <b>BLANKET BLDG &amp; PP</b>	\$
<input checked="" type="checkbox"/> <b>water dama</b>	<b>250,000</b>	<input type="checkbox"/> <b>carports</b>	\$				
					\$		
	<b>INLAND MARINE</b>	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<b>NAMED PERILS</b>	POLICY NUMBER				\$	
						\$	
B	<input checked="" type="checkbox"/> <b>CRIME</b>	SSA-392-56-74-11275-04-	06/17/2024	06/17/2025	limit per occurrence	\$ 300,000	
					\$		
C	<input checked="" type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>		01/31/2025	01/31/2026		\$	
					\$		
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Crime: Employee also includes your followin non-compensated officers: ALL NON-COMPENSATED OFFICERS AND MEMBERS OF THE BOARD OF DIRECTOREmployee also includes any non-compensate natural person, other than one who is a fund solicitor, while performing services for you that are usually the duties of anemployee. Third party property managers included.  
Property: Includes Ordinance of Law Cov A,B,C \$1,000,000; 30 day notice for any changes; 10 day notice of cancellations; walls in coverage subject to HOA structures; replacement cost. 18 buildings/156 units

## CERTIFICATE HOLDER

## CANCELLATION

Proof of Insurance

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

*Michele Bailey*

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