



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/10/2024

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Decisive Insurance Agency, LLC 1201 Richardson Dr. suite 132 Richardson, TX 75080	CONTACT NAME: Michele Bailey PHONE (A/C, No, Ext): 972-800-9566 FAX (A/C, No): E-MAIL ADDRESS: michelebailey@decisiveinsurance.com PRODUCER CUSTOMER ID:														
INSURED Woodhaven Condominiums c/o Alternative Management Group 310 E I-30 Ste 300 Garland TX 75043	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Bankers Insurance Group</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</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: Bankers Insurance Group		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** CP23102715676 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
5981 Arapaho Rd Bldg 12, Dallas TX 75248

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
	☐ PROPERTY					
	☐ CAUSES OF LOSS	☐ DEDUCTIBLES			☐ BUILDING	\$
	☐ BASIC	☐ BUILDING			☐ PERSONAL PROPERTY	\$
	☐ BROAD	☐ CONTENTS			☐ BUSINESS INCOME	\$
	☐ SPECIAL				☐ EXTRA EXPENSE	\$
	☐ EARTHQUAKE				☐ RENTAL VALUE	\$
	☐ WIND				☐ BLANKET BUILDING	\$
	☐ FLOOD				☐ BLANKET PERS PROP	\$
					☐ BLANKET BLDG & PP	\$
						\$
						\$
	☐ INLAND MARINE	TYPE OF POLICY				\$
	☐ CAUSES OF LOSS	POLICY NUMBER				\$
	☐ NAMED PERILS					\$
						\$
	☐ CRIME					\$
	☐ TYPE OF POLICY					\$
						\$
	☐ BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
A	FLOOD	6820649264	10/23/2024	10/23/2025	☒ LIMIT	\$ 663,000
					☒ DEDUCTIBLE	\$ 10,000

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

Flood Zone: AE Pre-Firm Construction Community Number: 48 0171 0185 KK Replacement
Cost:\$663,000 Total Units: 8

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