

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/25/2019

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 liquid case and confer rights to the certificate holder in liquid case and confer rights to the certificate holder in liquid case and confer rights to the certificate holder in liquid case and confer rights to the certificate holder.

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).											
PRODUCER						CONTACT Pamella Lyons					
Ted W. Allen & Associates. Inc.						NAME:					
					(A/C, No, Ext): (201) 370-7500 (A/C, No): (201) 370-7501						
17004 Grant Rd						ADDRESS: paml@tedwallen.com					
						INSURER(S) AFFORDING COVERAGE					
Cypress TX 77429-1260					INSURER A: James River Insurance Company INSURER B: Fireman's Fund Ins Co					12203	
INSURED					Continental Consults les Commens					21873	
Maison De Ville Condominium Association					INSURER C: Continental Casualty Ins. Company					20443	
Randall Management, Inc.					INSURE	RD:					
6200 Savoy Drive, Suite 420					INSURER E :						
Houston TX 77036-3					INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL1912514330 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		DL SUBR D WVD POLICY NUMBER			POLICY EFF POLICY I (MM/DD/YYYY) (MM/DD/Y		LIMITS			
	COMMERCIAL GENERAL LIABILITY					·		EACH OCCURRENCE	_{\$} 1,00	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	000	
	Severability of Interests						02/01/2020	MED EXP (Any one person)	\$ 5,00	0	
Α				00081293-1		02/01/2019		PERSONAL & ADV INJURY	\$ 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								<u> </u>	\$		
	WIMBRELLA LIAB EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	_{\$} 5,00	0,000	
В				SUO00049054554-4881-6		02/01/2019	02/01/2020	AGGREGATE	\$ 5,000,000		
	DED RETENTION \$ 0	1						7.001.201.12	\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	•		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT	\$		
									\$		
									\$		
								LILI BIOLING I GLIGI LIIIII Q			
С	Directors & Officers Liability	ectors & Officers Liability 0251346798		0251346798		12/01/2018	12/01/2019	Annual Aggregate		000,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ORD 1	01, Additional Remarks Schedule,	may be a	tached if more sp	pace is required)				
Location: Maison de Ville Condominiums, 7803-7843 Rue St. Cyr; 9011-9017 Rue Crillon; 7835-7843, 8741 Rue Chablis; 9005-9109 Braeburn Valley Drive; 7820-7839 Rue Carre; 9030-9117 Rue Cambon, Houston, TX 77074 101 Units											
CERTIFICATE HOLDER						CANCELLATION					
Insured Copy						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					
						2.100,					