

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/12/2019

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 lieu of such endorsement(s).										on	
PRODUCER						CONTACT Pamella Lyons					
Ted W. Allen & Associates, Inc.					PHONE (281) 378-7500 FAX (281) 378-7501						
17004 Grant Rd					(A/C, No, Ext): (201) 370-7300 (A/C, No): (201) 3 E-MAIL ADDRESS: paml@tedwallen.com						
						INSURER(S) AFFORDING COVERAGE					
Cypress TX 77429-1260					INSURER A: Scottsdale Insurance Company				NAIC # 41297		
INSURED					INSURER B: Fireman's Fund Ins Co				21873		
Forum Park Townhome Association					INSURER C: Continental Casualty Ins. Company					20443	
Randall Management, Inc.					INSURER D:						
6200 Savoy Drive, Suite 420					INSURE						
Houston TX 77036-3324					INSURER F :						
COVERAGES CERTI			FICATE NUMBER: CL193121443								
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 POLICY EFF POLICY EXP											
INSR LTR	TYPE OF INSURANCE	INSD		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	Ц	MITS		
	CLAIMS-MADE OCCUR Severability of Interests					12/14/2018	12/14/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00 \$ 50,0	00,000	
								MED EXP (Any one person)	\$ 5,00	00	
Α				CPS2873970				PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	2,000,000		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS ONLY			CPS2873970		12/14/2018	12/14/2019	BODILY INJURY (Per accident	t) \$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR			011000010051551100001	12/14/201	40/44/0040	40/44/0040	EACH OCCURRENCE	Ψ .	00,000	
В	EXCESS LIAB CLAIMS-MADE			SUO00049054554-13088-4		12/14/2018	12/14/2019	AGGREGATE	\$ 5,00	00,000	
_	DED RETENTION \$ 0							PER OTH	- \$		
	AND EMPLOYERS' LIABILITY Y/N										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	Γ \$		
С	Directors & Officers Liability			0250984857		03/11/2019	03/11/2020	Annual Aggregate	\$1,0	000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)				
LOCATION: 10202 FORUM PARK DRIVE, HOUSTON, TEXAS 77036 HARRIS COUNTY 216 TOTAL UNITS											
30 Day Notice of Cancellation, except for non-payment, which is 10 Day Notice of Cancellation											
To buy House of Guinosialion, except for non-paymoni, which is to buy House of Guinosialion											
CEI	RTIFICATE HOLDER				CANC	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							