



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/28/2022

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.

| | | |
|---|--|--------------------------------------|
| PRODUCER Ted W. Allen & Associates, Inc. 17004 Grant Rd Cypress TX 77429-1260 | CONTACT NAME: Pamella Lyons PHONE (A/C, No, Ext): (281) 378-7500 E-MAIL ADDRESS: paml@tedwallen.com PRODUCER CUSTOMER ID: 00002387 | FAX (A/C, No): (281) 378-7501 |
| INSURED Park Lake Townhomes DTA Management Services, Inc. 206-A S. Loop 336 West, Suite 270 Conroe TX 77304-3300 | INSURER(S) AFFORDING COVERAGE INSURER A: Landmark American Insurance Company INSURER B: Philadelphia Indemnity Ins.Co INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 33138 23580 |

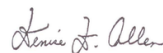
COVERAGES **CERTIFICATE NUMBER:** CP2242808349 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Park Lake Townhomes, 3801-3831 DOCKVIEW LN, 1600-1716 GOOD DAY DR, 3801-3834 LANDMARK DRIVE, MISSOURI CITY, FT. BEND COUNTY, TX 77459 67 Units

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"/> PROPERTY | LHD-355128 | 04/29/2022 | 04/29/2023 | <input checked="" type="checkbox"/> BUILDING | \$ 9,170,816 TIB |
| | CAUSES OF LOSS | | | | <input type="checkbox"/> PERSONAL PROPERTY | \$ |
| | <input type="checkbox"/> BASIC | | | | <input type="checkbox"/> BUSINESS INCOME | \$ |
| | <input type="checkbox"/> BROAD | | | | <input type="checkbox"/> EXTRA EXPENSE | \$ |
| | <input checked="" type="checkbox"/> SPECIAL | | | | <input type="checkbox"/> RENTAL VALUE | \$ |
| | <input type="checkbox"/> EARTHQUAKE | | | | <input type="checkbox"/> BLANKET BUILDING | \$ |
| | <input checked="" type="checkbox"/> WIND | | | | <input type="checkbox"/> BLANKET PERS PROP | \$ |
| | <input type="checkbox"/> FLOOD | | | | <input type="checkbox"/> BLANKET BLDG & PP | \$ |
| | <input checked="" type="checkbox"/> Valuation | | | | <input type="checkbox"/> | \$ |
| | | | | | <input checked="" type="checkbox"/> Ordinance or Law | \$ A, B & C |
| | <input type="checkbox"/> INLAND MARINE | TYPE OF POLICY | | | | \$ |
| | CAUSES OF LOSS | | | | | \$ |
| | <input type="checkbox"/> NAMED PERILS | POLICY NUMBER | | | | \$ |
| | | | | | | \$ |
| B | <input checked="" type="checkbox"/> CRIME | PCAC014965-0121 (Incl.Prop.Mgmt.) | 11/15/2021 | 11/15/2022 | <input checked="" type="checkbox"/> Empl.Theft/Ded | \$ 50,000/\$1,000 |
| | TYPE OF POLICY | | | | <input checked="" type="checkbox"/> Forgery/Alteration | \$ 50,000/%1,000 |
| | Employee Dishonesty (Fidelity) | | | | <input checked="" type="checkbox"/> Comp/Wire Fraud | \$ 50,000/\$1,000 |
| | <input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
30 Day Notice of Cancellation except 10 Day Notice of Cancellation for Non-Payment of Premium. Severability of Interests included.

| | |
|--|---|
| CERTIFICATE HOLDER HARDY, ARDENNA LN#0143008399 3805 Landmark Dr, Missouri City, Freedom Mortgage Corporation ISAOA/ATIMA, P.O. Box 5050 Troy MI 48007-5050 | CANCELLATION 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  |
|--|---|



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/27/2022

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).

| | | | |
|---|--|--|--|
| PRODUCER Ted W. Allen & Associates, Inc. 17004 Grant Rd Cypress TX 77429-1260 | | CONTACT NAME: Pamella Lyons PHONE (A/C, No, Ext): (281) 378-7500 E-MAIL ADDRESS: paml@tedwallen.com FAX (A/C, No): (281) 378-7501 | |
| INSURED Park Lake Townhomes DTA Management Services, Inc. 3305 W. Davis Street, Suite 400 Conroe TX 77304-1857 | | INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company INSURER B: Texas Mutual Insurance Company INSURER C: Philadelphia Indemnity Ins.Co INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 41297 22945 23580 | |

COVERAGES**CERTIFICATE NUMBER:** CL2221417493**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 | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------------------------------|----------|-----------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Severability of Interests GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | CPS7476905 | 11/15/2021 | 11/15/2022 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | CPS7476905 | 11/15/2021 | 11/15/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$ | | | XBS0153870 | 11/15/2021 | 11/15/2022 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N <input type="checkbox"/> | N / A | 0002070651 | 11/25/2021 | 11/25/2022 | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| C | Directors & Officers Liab / Crime (Fidelity) BOTH Include Property Mgmt | | | PCAC014965-0121 | 11/15/2021 | 11/15/2022 | D&O ANN AGG/DED \$1,000,000/\$1,000 Employee Dishonest/Ded \$50,000/\$1,000 Forgery/Alteration \$50,000/\$1,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Location: 1600-1716 Good Day Drive, 3801-3831 Dockview Lane, 3801-3831 Landmark Drive, Missouri City, Fort Bend County, TX 77459 67 Total Units

30 Day Notice of Cancellation except 10 Day Notice of Cancellation for Non-Payment of Premium

CERTIFICATE HOLDER**CANCELLATION**

HARDY, ARDENNA LN#0143008399 3805 Landmark Dr, Missouri City,
Freedom Mortgage Corporation
ISAOA/ATIMA, P.O. Box 5050
Troy MI 48007-5050

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

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