

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 08/18/2023

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 BEDDESENTATIVE OR PRODUCED, AND THE CERTIFICATE HOLDER.

| REPRESENTATIVE OR PRODUCER, AND THE CERT | IFICATE | HOLDER. | | | | |
|--|---------|---------|-----------------------------|-------------------------------|-------------------|----------------|
| PRODUCER | | | CONTACT SOI | phia Jones | | |
| Symphony Risk Solutions, LLC | | | PHONE (A/C, No, Ext): (9 | 972) 864-0400 | FAX (A/C, No): | (972) 278-8400 |
| 2425 N Central Expy | | | E-MAIL SJOI | nes@symphonyrisk.com | | |
| Suite 900 | | | PRODUCER CUSTOMER ID: | 00018007 | | |
| Richardson | TX | 75080 | | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED | | | INSURER A: Pri | nceton Excess | | |
| Windhaven Crossing Townhome Owners Association, Inc. | | | INSURER B : Phi | iladelphia Indemnity Ins Co | | |
| % Essex Association Management | | | INSURER C : | | | |
| 1512 Crescent Dr. Ste 112 | | | INSURER D : | | | |
| Carrollton | TX | 75006 | INSURER E : | | | |
| | | | INSURER F: | | | |
| | | | | | | |

COVERAGES CERTIFICATE NUMBER: 2023-2024 REVISION NUMBER:

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

356 Units per statement of values on file with the insurance carrier located at Windhaven Crossing in Lewisville, TX Guaranteed Replacement Cost Applies; 10 day NOC for Non-Pay; Property Coverage is as initially installed in accordance with association's original plans and specifications or like kind. NO improvements & Betterments Coverage

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 | | | SURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | | LIMITS |
|-------------|----------------------------|---------------|--------------------|-----------------|---------------------------------------|-------------------------------------|---------------------|-------------------|----------------|
| | × | PROPERTY | | | | | | BUILDING | \$ |
| | CAUSES OF LOSS DEDUCTIBLES | | DEDUCTIBLES | | | | | PERSONAL PROPERTY | \$ |
| | | BASIC | BUILDING 10,000 | - CAUC100202-3 | 04/08/2023 | 04/08/2024 | | BUSINESS INCOME | \$ |
| | | BROAD | CONTENTS | | | | | EXTRA EXPENSE | \$ |
| | X | SPECIAL |] | | | | | RENTAL VALUE | \$ |
| А | | EARTHQUAKE | | | | | × | BLANKET BUILDING | \$ 109,425,794 |
| | | WIND | | | | | | BLANKET PERS PROP | \$ |
| | | FLOOD | | | | | | BLANKET BLDG & PP | \$ |
| | × | Wind/Hail | 2% per bldg | | | | × | Outdoor Property | \$ Included |
| | | | | | | | × | Ord Law Cov A,B,C | \$ Included |
| | | INLAND MARINE | | TYPE OF POLICY | | | | | \$ |
| | CAU | SES OF LOSS | | | | | | | \$ |
| | | NAMED PERILS | | POLICY NUMBER |] | | | | \$ |
| | | | | | | | | | \$ |
| | × | CRIME | | | | | × | Employee Theft | \$ 100,000 |
| В | TYPE | E OF POLICY | | PCAC012137-0420 | 10/05/2023 | 10/05/2024 | $\overline{\times}$ | Deductible \$250 | \$ |
| | | | | | | | × | Mgmt Co. Included | \$ |
| Α | | BOILER & MACH | | CAUC100202-3 | 04/08/2023 | 04/08/2024 | × | Equip Breakdown | \$ Included |
| ^ | | EQUIPMENT BRI | EARDOWN | CAUC100202-3 | 04/00/2023 | 04/00/2024 | | 1 | \$ |
| | | | | | | | | | \$ |
| | | | | | | | | 1 | \$ |

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

| CERTIFICATE HOLDER | CANCELLATION | | | | |
|--|--|--|--|--|--|
| Insured's Copy - Coverage Confirmation | 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 | | | | |
| | Michael C. Marin | | | | |