



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
6/29/2011

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 Ted W. Allen & Associates, Inc. P.O.Box 1967 Cypress TX 77410-1967		CONTACT NAME: Derek Crandall PHONE (A/C, No, Ext): (281) 378-7500 FAX (A/C, No): (281) 378-7501 E-MAIL ADDRESS: Derek@tedwallen.com PRODUCER CUSTOMER ID: 00001029															
INSURED City Place Townhome Owners Association Inc. Randall Management, Inc. 6200 Savoy, Suite 420 Houston TX 77036-3300		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Naxos Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Continental Casualty Ins. Company</td> <td></td> </tr> <tr> <td>INSURER C: Hartford Steam & Boiler Co.</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: Naxos Insurance Company		INSURER B: Continental Casualty Ins. Company		INSURER C: Hartford Steam & Boiler Co.		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** CP1162702057 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
7447 Cambridge, Houston, Harris County, Texas 77054 125 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	
<input checked="" type="checkbox"/>	PROPERTY	SWR20099055-LCT-R	10/01/2010	10/01/2011	<input checked="" type="checkbox"/> BUILDING	\$ 13,737,800	
	CAUSES OF LOSS	DEDUCTIBLE: \$10,000 except				<input type="checkbox"/> PERSONAL PROPERTY	\$
	BASIC	\$25,000 Wind/Hail except				<input type="checkbox"/> BUSINESS INCOME	\$
	BROAD	3% of TIV/Named Storms				<input type="checkbox"/> EXTRA EXPENSE	\$
<input checked="" type="checkbox"/>	SPECIAL	Wind/Hail-\$100,000 Minimum				<input type="checkbox"/> RENTAL VALUE	\$
<input checked="" type="checkbox"/>	EARTHQUAKE	\$1,000,000 Flood & Quake-\$100,000				<input type="checkbox"/> BLANKET BUILDING	\$
<input checked="" type="checkbox"/>	WIND	INCLUDED except 5%/\$1Mil Named				<input type="checkbox"/> BLANKET PERS PROP	\$
<input checked="" type="checkbox"/>	FLOOD	\$1,000,000 Storms				<input type="checkbox"/> BLANKET BLDG & PP	\$
<input checked="" type="checkbox"/>	VALUATION	REPLACEMENT Flood is EXCLUDED in FEMA				<input checked="" type="checkbox"/> Assoc. BPP Limit	\$ 10,000
<input checked="" type="checkbox"/>	COINSURANCE	NIL Zones A,B,V and Shaded X				<input checked="" type="checkbox"/> Other Assoc. Amenities	\$ 240,000
	INLAND MARINE	TYPE OF POLICY			\$		
	CAUSES OF LOSS				\$		
	NAMED PERILS	POLICY NUMBER			\$		
B	<input checked="" type="checkbox"/> CRIME	0250899498	01/01/2011	01/01/2012	<input checked="" type="checkbox"/> LIMIT	\$ 50,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 250	
	EMPLOYEE DISHONESTY					\$	
C	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	FBP5302095	09/30/2010	09/30/2011	<input checked="" type="checkbox"/> LIMIT	\$ 13,987,800	
					<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 1,000	
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Location: City Place Townhomes, 7447 Cambridge Street, Houston, TX 77054-2000 (Harris County)
125 Total Units

CERTIFICATE HOLDER Insured's Copy	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 Denise Allen/PAMILY <i>Denise A. Allen</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/3/2011

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 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. P.O.Box 1967 Cypress TX 77410-1967		CONTACT NAME: Pamela Lyons PHONE (A/C No. Ext): (281) 378-7500 FAX (A/C No): (281) 378-7501 E-MAIL ADDRESS: pam1@tedwallen.com PRODUCER CUSTOMER ID #: 00001029	
INSURED City Place Townhome Owners Association, Inc. c/o Randall Management, Inc. 6200 Savoy, Suite 420 Houston TX 77036-3300		INSURER(S) AFFORDING COVERAGE INSURER A: Colony Insurancy Company INSURER B: Texas Mutual Insurance Company INSURER C: Continental Casualty Ins. INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL111303700 **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		GL3735648	1/1/2011	1/1/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		GL3735648	1/1/2011	1/1/2012	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 25,000					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	SBP 0001144469	5/11/2011	5/11/2012	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	DIRECTORS & OFFICERS LIAB		0250972983	1/1/2011	1/1/2012	\$1,000,000 LIMIT \$1,000 DED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
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	AUTHORIZED REPRESENTATIVE Denise Allen/PAMILY <i>Denise J. Allen</i>