

NEW HAMPSHIRE INSURANCE COMPANY

A stock company
175 Water Street 18th Floor, New York, NY 10038
COMMON POLICY DECLARATIONS
RENEWAL DECLARATION

POLICY NO: 01-LX-012123367-1

RENEWAL OF 01-LX-012123367-0

NAMED INSURED AND MAILING ADDRESS

WINN RIDGE, INC.
C/O ESSEX ASSOCIATION MANAGEMENT
1512 CRESCENT DRIVE, SUITE 112
CARROLLTON, TX 75006

PRODUCER MAILING ADDRESS

91916

DISTINGUISHED PROGRAMS GROUP
1180 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-0000

POLICY PERIOD: FROM 11/03/2018 TO 11/03/2019 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

THE NAMED INSURED IS: Association

BUSINESS DESCRIPTION:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

		PREMIUM
COMMERCIAL PROPERTY	\$	333
COMMERCIAL GENERAL LIABILITY	\$	222
CRIME AND FIDELITY	\$	
COMMERCIAL INLAND MARINE	\$	
PROFESSIONAL LIABILITY	\$	
TOTAL PREMIUM		\$ 555
POLICY PREMIUM		\$ 555

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

THESE DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

NEW HAMPSHIRE INSURANCE COMPANY

A stock company
175 Water Street 18th Floor, New York, NY 10038
COMMERCIAL PROPERTY
RENEWAL DECLARATION

POLICY NO: 01-LX-012123367-1

RENEWAL OF: 01-LX-012123367-0

NAMED INSURED AND MAILING ADDRESS

WINN RIDGE, INC.
C/O ESSEX ASSOCIATION MANAGEMENT
1512 CRESCENT DRIVE, SUITE 112
CARROLLTON, TX 75006

PRODUCER MAILING ADDRESS

91916

DISTINGUISHED PROGRAMS GROUP
1180 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-0000

POLICY PERIOD: FROM 11/03/2018 TO 11/03/2019 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

THE NAMED INSURED IS :Association

BUSINESS DESCRIPTION :

LOCATION: 1 BUILDING: 1

PROPERTY AT YOUR PREMISES

ADDRESS: 1701 VERNON DRIVE, AUBREY, TX 76227

BUILDING DESCRIPTION: LOCATION 1

PROTECTION CLASS: 6 CONSTRUCTION: FRAME

COVERAGES PROVIDED

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH AN AMOUNT OF INSURANCE IS SHOWN

COVERAGE	CAUSE OF LOSS	DED	COINSURANCE	AMOUNT OF INSURANCE
Building	Special Including Theft	\$2,500	100%	

Agreed Value: \$520
Exp Date: 11/03/2019
Inflation Guard: 4%
Replacement Cost

SPECIAL CLASS COVERAGE	Special Including Theft	\$2,500	100%	See Blanket Summary
-------------------------------	-------------------------	---------	------	---------------------

Billboards And Signs (Not On
Buildings): Entirely Metal, Including
Frame And Supports
Agreed Value:
Exp Date: 11/03/2019
Inflation Guard: 4%
Replacement Cost

SPECIAL CLASS COVERAGE	Special Including Theft	\$2,500	100%	See Blanket Summary
-------------------------------	-------------------------	---------	------	---------------------

NEW HAMPSHIRE INSURANCE COMPANY

COMMERCIAL PROPERTY

RENEWAL DECLARATION

POLICY NO: 01-LX-012123367-1
INSURED: WINN RIDGE, INC.

EFFECTIVE DATE: 11/03/2018
AGENT: DISTINGUISHED PROGRAMS GROUP

COVERAGES PROVIDED

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH AN AMOUNT OF INSURANCE IS SHOWN

COVERAGE	CAUSE OF LOSS	DED	COINSURANCE	AMOUNT OF INSURANCE
Property In The Open - Masonry Or Metal Or Other Non-Combustible Materials, Stock Or Equipment Such As Storage Of Machinery (With No Combustible Attachments Or Parts), Metal Bars Or Ingots, Monuments, Statuary, Tombstones, Stone And Similar Non-Combustible Materials, With No Combustible Wrapping Or Pallets Agreed Value: Exp Date: 11/03/2019 Inflation Guard: 4% Replacement Cost				

WINDSTORM AND HAIL

Minimum Per Occurrence Deductible: \$5,000

Annual Aggregate Deductible :

LOCATION#	BUILDING#	DEDUCTIBLE
1	1	\$5,000

BLANKET SUMMARY - Average Rates

BLANKET ID:	1	LIMIT:	\$260,000	CAUSE OF LOSS:	Special Including Theft
LOCATION#	BUILDING#	COVERAGE	COINSURANCE:	100%	
1	1	Special Class			
1	1	Special Class			

NEW HAMPSHIRE INSURANCE COMPANY
COMMERCIAL PROPERTY
RENEWAL DECLARATION

POLICY NO: 01-LX-012123367-1
INSURED: WINN RIDGE, INC.

EFFECTIVE DATE: 11/03/2018
AGENT: DISTINGUISHED PROGRAMS GROUP

TERRORISM RISK INSURANCE ACT IS INCLUDED

\$9

TOTAL COMMERCIAL PROPERTY PREMIUM

FORMS AND ENDORSEMENTS

APPLYING TO COMMERCIAL PROPERTY AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

THESE DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY

NEW HAMPSHIRE INSURANCE COMPANY

A stock company
175 Water Street 18th Floor, New York, NY 10038
GENERAL LIABILITY
RENEWAL DECLARATION

POLICY NO: 01-LX-012123367-1

RENEWAL OF: 01-LX-012123367-0

NAMED INSURED AND MAILING ADDRESS

WINN RIDGE, INC.
C/O ESSEX ASSOCIATION MANAGEMENT
1512 CRESCENT DRIVE, SUITE 112
CARROLLTON, TX 75006

PRODUCER MAILING ADDRESS

91916

DISTINGUISHED PROGRAMS GROUP
1180 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-0000

POLICY PERIOD: FROM 11/03/2018 TO 11/03/2019 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS OF INSURANCE

GENERAL AGGREGATE	\$2,000,000	
PRODUCTS - COMPLETED OPERATIONS AGGREGATE	\$2,000,000	
PERSONAL INJURY & ADVERTISING INJURY EACH OCCURRENCE	\$1,000,000	
	\$1,000,000	
DAMAGE TO PREMISES RENTED TO YOU	\$100,000	ANY ONE PREMISES
MEDICAL EXPENSE	\$5,000	ANY ONE PERSON

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:

1 1701 Vernon Drive, Aubrey, TX 76227

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

- ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ JOINT VENTURE ☐ TRUST
- ☐ LIMITED LIABILITY COMPANY ☐ ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)
- ☒ OTHER

BUSINESS DESCRIPTION: _____

NEW HAMPSHIRE INSURANCE COMPANY

GENERAL LIABILITY RENEWAL DECLARATION

POLICY NO: 01-LX-012123367-1
INSURED: WINN RIDGE, INC.

EFFECTIVE DATE: 11/03/2018
AGENT: DISTINGUISHED PROGRAMS GROUP

LOC	CLASSIFICATION	CODE	PREMIUM BASIS	EXPOSURE	PMS RATE	PDTS RATE	OTHER RATE
1	Clubs - civic, service or social - no buildings or premises owned or leased except for office purposes (Not-For-Profit) Products-completed operations are subject to the General Aggregate Limit	41670	Number of Members	5			

TERRORISM RISK INSURANCE ACT IS INCLUDED

\$0

GENERAL LIABILITY PREMIUM

FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:
See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATIONS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.