



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
**10/20/2010**

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER NAME, CONTACT PERSON AND ADDRESS <b>Swingle, Collins and Associates</b> 13760 Noel Road, Suite 600 <b>Dallas TX 75240</b>		PHONE (A/C, No, Ext): <b>(972) 387-3000</b>	COMPANY NAME AND ADDRESS <b>Philadelphia Indemnity Ins Co</b> <b>1 Bala Plaza Ste 100</b> <b>Bala Cynwyd PA 19004</b>	NAIC NO:
FAX (A/C, No): <b>(972) 387-3808</b>	E-MAIL ADDRESS: <b>fswingle@swinglecollins.com</b>		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE <b>Package</b>	
AGENCY CUSTOMER ID #: <b>00008444</b>		LOAN NUMBER		
NAMED INSURED AND ADDRESS <b>Beverly Oaks Homeowners Association, Inc.</b> C/O Precision Property 2927 Winterberry Dr <b>Carrollton TX 75007</b>		POLICY NUMBER <b>PHPK600491</b>		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE <b>7/21/2010</b>	EXPIRATION DATE <b>7/21/2011</b>	
		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION <b>Blanket Premise</b> <b>See Attached Overflow Pages</b>
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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION PERILS INSURED BASIC BROAD  SPECIAL

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: <b>\$ 237,000</b>	DED: <b>\$1,000</b>			
<input checked="" type="checkbox"/> BUSINESS INCOME	RENTAL VALUE	YES NO N/A	If YES, LIMIT: <b>100,000</b>	Actual Loss Sustained # of months:
BLANKET COVERAGE		<input checked="" type="checkbox"/>		If YES, indicate value(s) reported on property identified above: <b>\$ See Attach</b>
TERRORISM COVERAGE			<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>		
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>		
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>		If YES, LIMIT: <b>15,000</b> DED: <b>Included</b>
FUNGUS EXCLUSION (If "YES", specify organization's form used)			<input checked="" type="checkbox"/>	
REPLACEMENT COST		<input checked="" type="checkbox"/>		
AGREED VALUE		<input checked="" type="checkbox"/>		
COINSURANCE			<input checked="" type="checkbox"/>	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)			<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of building		<input checked="" type="checkbox"/>		
- Demolition Costs		<input checked="" type="checkbox"/>		If YES, LIMIT: <b>300,000</b> DED: <b>Included</b>
- Incr. Cost of Construction		<input checked="" type="checkbox"/>		If YES, LIMIT: <b>300,000</b> DED:
EARTH MOVEMENT (If Applicable)			<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
FLOOD (If Applicable)			<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
WIND / HAIL (If Subject to Different Provisions)			<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			<input checked="" type="checkbox"/>	
<b>*10 Day Non-Pay Notice of Cancellation</b>				

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \*30 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

## ADDITIONAL INTEREST

MORTGAGEE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
LENDERS LOSS PAYABLE <input checked="" type="checkbox"/>	<b>Certificate holder</b> <b>r.bauer@beverly-oaks.org</b>	
<b>ROBERT BAUER</b> <b>c/o PRESTIGE PROPERTY MGMT</b> <b>CARROLLTON, TX 75007</b>		AUTHORIZED REPRESENTATIVE <b>Frank Swingle/MWK</b>

**REMARKS - Including Special Conditions (Use additional sheets if more space is required)**

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
Blk	Limits Shown Below are Included in Total Blanket Limit			
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
				<b>Premium</b>
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
1	00001, 101-123 Brentwood Court, Building	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
150,000			1,000	Flat
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
2	00001, 23 Wilshire Drive, Blanket Building	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
30,000			1,000	Flat
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
3	00001, 1500 Brentwood Dr., Blanket Building	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
22,000			1,000	Flat
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
4	00001, 1501 Brentwood Dr., Blanket Building	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
22,000			1,000	Flat
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
5	00001, 122 Wilshire Ct, Blanket Building	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
5,000			1,000	Flat
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
6	00001, 100 Brentwood Ct., Blanket Building	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
5,000			1,000	Flat
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
7	00001, Adjacent to Highway 183, Blanket Building	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
3,000			1,000	Flat
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
				<b>Premium</b>
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				<b>Premium</b>