



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/24/2025

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 DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Marsh & McLennan Agency, LLC 2500 Bee Cave Rd, Bldg 1, Ste 125 Austin, TX 78746		PHONE (A/C, No, Ext): 512-453-0031	COMPANY NAME AND ADDRESS Travelers Excess and Surplus Lines Co One Tower Square Hartford, CT 06183		NAIC NO: 29696
FAX (A/C, No):	E-MAIL ADDRESS: olivia.mohle@marshmma.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: AGENCY CUSTOMER ID #:	SUB CODE:		POLICY TYPE		
NAMED INSURED AND ADDRESS Mueller Master Community Inc. 115 Wild Basin Road, Suite 308 Austin TX 78746			LOAN NUMBER	POLICY NUMBER KTQCMBS9S73547925	
ADDITIONAL NAMED INSURED(S)			EFFECTIVE DATE 01/01/2025	EXPIRATION DATE 01/01/2026	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
			THIS REPLACES PRIOR EVIDENCE DATED:		

**PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☒ BUSINESS PERSONAL PROPERTY**


LOCATION / DESCRIPTION Homes & Common Areas located at Mueller Master Community, Austin TX
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.

<b>COVERAGE INFORMATION</b>		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/>	SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 100,000,000		DED: \$100,000					
		YES	NO	N/A			
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE			X		If YES, LIMIT: Actual Loss Sustained; # of months:		
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above: \$ 384,880,388		
TERRORISM COVERAGE			X		Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X					
IS DOMESTIC TERRORISM EXCLUDED?		X					
LIMITED FUNGUS COVERAGE		X			If YES, LIMIT: \$15,000 per Occ DED: \$100,000		
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X				
REPLACEMENT COST		X					
AGREED VALUE				X			
COINSURANCE			X		If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)			X		If YES, LIMIT: DED:		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT: Included DED: 100,000		
- Demolition Costs		X			If YES, LIMIT: 2,500,000 DED: 100,000		
- Incr. Cost of Construction		X			If YES, LIMIT: 2,500,000 DED: 100,000		
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: 10,000,000 DED: 100,000		
FLOOD (If Applicable)		X			If YES, LIMIT: 10,000,000 DED: 100,000		
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: Included DED: 5% or \$250K		
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: Included DED: 5% or \$250K		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				X			

**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.

**ADDITIONAL INTEREST**

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS  For Information Only			AUTHORIZED REPRESENTATIVE 

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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<b>AGENCY</b> Marsh & McLennan Agency, LLC		<b>NAMED INSURED</b> Mueller Master Community Inc. 115 Wild Basin Road, Suite 308 Austin TX 78746	
<b>POLICY NUMBER</b> KTQCMB9S73547925		<b>EFFECTIVE DATE:</b> 01/01/2025	
<b>CARRIER</b> Travelers Excess and Surplus Lines Co	<b>NAIC CODE</b> 29696		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 28 **FORM TITLE:** EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

#### REMARKS:

Water Damage Deductible: \$100,000 per location in any one occurrence

#### Terrorism Coverage:

Policy No. 01MRTR000076201; from 1/1/2025 to 1/1/2026; Carrier: Certain Underwriters at Lloyd's, London

Section 1: First Party Terrorism Property - \$384,880,388 Per Occurrence and in the Aggregate, Deductible: \$10,000 Per Occurrence

Section 2: Third Party Terrorism Property - \$2,500,000 Per Occurrence and in the Aggregate, Deductible: \$10,000 Per Claim