



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
01/01/2025

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:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: AGENCY CUSTOMER ID #:		SUB CODE:		POLICY TYPE Property	
NAMED INSURED AND ADDRESS Mueller Master Community Association 115 Wild Basin Road, Suite 308 Austin TX 78746			LOAN NUMBER		POLICY NUMBER KTQ-CMB 9S73547-9-25
			EFFECTIVE DATE 01/01/2025	EXPIRATION DATE 01/01/2026	☐ CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)			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.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	☒ SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 100,000,000		DED: \$100,000			
		YES	NO	N/A	
☐ BUSINESS INCOME ☐ RENTAL VALUE			X		If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above: \$ 330,000,000
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 ☒ YES ☐ NO Subject to Different Provisions:		X			If YES, LIMIT: Included DED: 5% or \$250K
NAMED STORM INCL ☒ YES ☐ 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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AGENCY Marsh & McLennan Agency, LLC		NAMED INSURED Mueller Master Community Association 115 Wild Basin Road, Suite 308 Austin TX 78746	
POLICY NUMBER KTQCMB9S73547924		EFFECTIVE DATE: 01/01/2024	
CARRIER Travelers Excess and Surplus Lines Co	NAIC CODE 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. 01MRTR000076200; from 1/1/2024 to 1/1/2025; Carrier: Multiple Underwriters at Lloyd's

Section 1: First Party Terrorism Property - \$330,689,092 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