



**PHILADELPHIA**  
INSURANCE COMPANIES

A Member of the Tokio Marine Group

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PHLY.com

**Philadelphia Indemnity Insurance Company**  
**A Stock Company (Nonparticipating)**  
**COMMON POLICY DECLARATIONS**

**Policy Number:** PHPK2603442-013

**Named Insured and Mailing Address:**

Canyon Lake Village West  
Property Owners Association  
PO Box 1616  
1262 Amanda Dr  
Canyon Lake, TX 78133-0004

**Producer:** 123729

Higginbotham Insurance Agency, Inc. DBA  
911 Central Parkway N, Ste. 325  
San Antonio, TX 78232

**Policy Period From:** 09/13/2024 **To:** 09/13/2025

(210)824-0020

at 12:01 A.M. Standard Time at your mailing  
address shown above.

**Business Description:** Homeowners Association

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

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS  
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	<b>PREMIUM</b>
<b>Commercial Property Coverage Part</b>	3,017.00
<b>Commercial General Liability Coverage Part</b>	5,126.00
<b>Commercial Crime Coverage Part</b>	
<b>Commercial Inland Marine Coverage Part</b>	
<b>Commercial Auto Coverage Part</b>	
<b>Businessowners</b>	
<b>Workers Compensation</b>	

Cyber Security Liability End 39.00

**Total \$ 8,182.00**

Total Includes Federal Terrorism Risk Insurance Act Coverage **37.00**

CPD-PIIC-CW (02/21)

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**FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE**  
**Refer To Forms Schedule**

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\*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

A handwritten signature in black ink, appearing to read "Ed Sany", with a long horizontal stroke extending to the right.

**Secretary**

A handwritten signature in black ink, appearing to read "Gavriel", with a stylized, cursive script.

**President and CEO**

Philadelphia Indemnity Insurance Company

Locations Schedule

**Policy Number:** PHPK2603442-013

<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Address</b>
0001	0001	1262 Amanda Canyon Lake, TX 78133
0001	0002	1262 Amanda Canyon Lake, TX 78133-5346
0001	0003	1262 Amanda Canyon Lake, TX 78133-5346
0001	0004	1262 Amanda Canyon Lake, TX 78133-5346
0001	0005	1262 Amanda Canyon Lake, TX 78133-5346
0001	0006	1262 Amanda Canyon Lake, TX 78133-5346

# Philadelphia Indemnity Insurance Company

## COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

Policy Number: PHPK2603442-013

Named Insured: Canyon Lake Village West

☒ See Supplemental Schedule

Agent # 123729

**BUSINESS DESCRIPTION:** Homeowners Association**DESCRIPTION OF PREMISES:**

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
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SEE SCHEDULE ATTACHED

**COVERAGES PROVIDED:** Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of Loss Form (1)	Coinsurance(2)	Deductible
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SEE SCHEDULE ATTACHED

**OPTIONAL COVERAGES:**

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
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SEE SCHEDULE ATTACHED

**OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY**

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity (Fraction)	Maximum Period of Indemnity	Extended Period Indemnity (Days)
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SEE SCHEDULE ATTACHED

**DEDUCTIBLE:**

SEE SCHEDULE ATTACHED

**MORTGAGE HOLDERS:**Refer To Mortgagee/Loss Payee Schedule**FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:**Refer To Forms Schedule**TOTAL PREMIUM FOR THIS COVERAGE PART \$** 3,017.00

(1) EQ (if shown) = Earthquake (2) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol

\_\_\_\_\_  
Countersignature Date\_\_\_\_\_  
Authorized Representative

# Philadelphia Indemnity Insurance Company

## COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2603442-013

Named Insured: Canyon Lake Village West

Agent # 123729

**DESCRIPTION OF PREMISES:**

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
0001	001	1262 Amanda Canyon Lake, TX 78133 CLUB-CIVIC-BLDG OWN/LEASE-NFP PC 02 FRAME
0001	002	1262 Amanda Canyon Lake, TX 78133-5346 BATHHOUSE/BATHING PAVILION PC 02 FRAME

**COVERAGES PROVIDED:** Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of (1) Loss Form	Coinsurance(2)	Deductible
0001	001	BUILDING	BKT #01	SPECIAL	BKT #01	2,500
0001	001	BUSINESS PERS PROPERTY	BKT #02	SPECIAL	BKT #02	2,500
0001	002	BUILDING	BKT #01	SPECIAL	BKT #01	2,500
0001	002	BUSINESS PERS PROPERTY	BKT #02	SPECIAL	BKT #02	2,500

**OPTIONAL COVERAGES:**

Prem. No.	Bldg. No.	Coverage	Agreed Value		Replacement Cost	Inflation Guard
			Amount	Expiration Date	Incl. Stock	
0001	001	BUILDING	BKT #01	09/13/2025	(X)	
0001	001	BUSINESS PERS PROPERTY	BKT #02	09/13/2025	(X)	(X)
0001	002	BUILDING	BKT #01	09/13/2025	(X)	
0001	002	BUSINESS PERS PROPERTY	BKT #02	09/13/2025	(X)	(X)

**OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY**

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity(Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
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**Deductible Exceptions:**

(1) EQ (if shown) = Earthquake

(2) Coinsurance %, Extra Expense %, Limit on Loss Payment or Value Reporting Form Symbol

(5) 10% or \$5,000 minimum

# Philadelphia Indemnity Insurance Company

## COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2603442-013

Named Insured: Canyon Lake Village West

Agent # 123729

**DESCRIPTION OF PREMISES:**

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
0001	003	1262 Amanda Canyon Lake, TX 78133-5346 PLAYGROUND PC 02 JOISTED MASONRY
0001	004	1262 Amanda Canyon Lake, TX 78133-5346 TENNIS COURTS PC 02 JOISTED MASONRY

**COVERAGES PROVIDED:** Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of (1) Loss Form	Coinsurance(2)	Deductible
0001	003	BUILDING	BKT #01	SPECIAL	BKT #01	2,500
0001	004	BUILDING	BKT #01	SPECIAL	BKT #01	2,500

**OPTIONAL COVERAGES:**

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
0001	003	BUILDING	BKT #01	09/13/2025	(X)	
0001	004	BUILDING	BKT #01	09/13/2025	(X)	

**OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY**

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity(Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
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**Deductible Exceptions:**

(1) EQ (if shown) = Earthquake

(2) Coinsurance %, Extra Expense %, Limit on Loss Payment or Value Reporting Form Symbol

(5) 10% or \$5,000 minimum

# Philadelphia Indemnity Insurance Company

## COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2603442-013

Named Insured: Canyon Lake Village West

Agent # 123729

**DESCRIPTION OF PREMISES:**

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
0001	005	1262 Amanda Canyon Lake, TX 78133-5346 BASKETBALL PC 02 JOISTED MASONRY
0001	006	1262 Amanda Canyon Lake, TX 78133-5346 FENCES & ARBORS-METAL/MASONRY PC 02 JOISTED MASONRY

**COVERAGES PROVIDED:** Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of (1) Loss Form	Coinsurance(2)	Deductible
0001	005	BUILDING	BKT #01	SPECIAL	BKT #01	2,500
0001	006	BUILDING	BKT #01	SPECIAL	BKT #01	2,500

**OPTIONAL COVERAGES:**

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
0001	005	BUILDING	BKT #01	09/13/2025	(X)	
0001	006	BUILDING	BKT #01	09/13/2025	(X)	

**OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY**

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity(Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
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**Deductible Exceptions:**

(1) EQ (if shown) = Earthquake (2) Coinsurance %, Extra Expense %, Limit on Loss Payment or Value Reporting Form Symbol

(5) 10% or \$5,000 minimum

# Philadelphia Indemnity Insurance Company

## COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2603442-013

Named Insured: Canyon Lake Village West

Agent # 123729

**DESCRIPTION OF PREMISES:**

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
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**COVERAGES PROVIDED:** Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of (1) Loss Form	Coinsurance(2)	Deductible
		BOILER & MACHINERY				
		PROPERTY ELITE				

**OPTIONAL COVERAGES:**

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
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**OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY**

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity(Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
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**Deductible Exceptions:**

(1) EQ (if shown) = Earthquake

(2) Coinsurance %, Extra Expense %, Limit on Loss Payment or Value Reporting Form Symbol

(5) 10% or \$5,000 minimum

# Philadelphia Indemnity Insurance Company

## COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2603442-013

Named Insured: Canyon Lake Village West

Agent # 123729

**COMMERCIAL PROPERTY COVERAGE PART – BLANKET LIMIT OF INSURANCE**

Blanket No.	Blanket Description	Limit of Insurance	Co-Insurance
001	Building	\$ 376,661	100%
002	BPP	\$ 20,000	100%

# Philadelphia Indemnity Insurance Company

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK2603442-013

Agent # 123729

☒ See Supplemental Schedule

### LIMITS OF INSURANCE

\$	2,000,000	General Aggregate Limit (Other Than Products – Completed Operations)
\$	2,000,000	Products/Completed Operations Aggregate Limit
\$	1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$	1,000,000	Each Occurrence Limit
\$	100,000	Rented To You Limit (Any One Premises)
\$	5,000	Medical Expense Limit (Any One Person)

### FORM OF BUSINESS: ASSOCIATION

Business Description: Homeowners Association

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

**AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED:** This policy is not subject to premium audit.

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE ATTACHED						
TOTAL PREMIUM FOR THIS COVERAGE PART:					\$ 5,126.00	\$

### RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: NONE

**FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART:** Refer To Forms Schedule

Countersignature Date

Authorized Representative

# Philadelphia Indemnity Insurance Company

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2603442-013

Agent # 123729

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
TX PREM NO. 001 TOWNHOUSES  PROD/COMP OP SUBJ TO GEN AGG LIMIT	68500	533  UNIT	8.090	INCL	4,329	INCL
TX PREM NO. 001 SWIMMING POOL-NOC  PROD/COMP OP SUBJ TO GEN AGG LIMIT	48925	1  POOL	475.642	INCL	478	INCL
TX PREM NO. 001 CLUB-CIVIC-BLDG OWN/LEASE-NFP  PROD/COMP OP SUBJ TO GEN AGG LIMIT	41668	2,000  AREA	159.161	INCL	319	INCL