



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/01/2024

THIS EVIDENCE OF 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.

AGENCY Louisville Insurance, LLC 11828 Ransum Drive Louisville, KY 40243		PHONE (A/C, No, Ext): 502-883-4812	COMPANY Travelers Insurance Company One Tower Square Hartford, CT 06183-6014	
FAX (A/C, No): 502-473-8695	E-MAIL ADDRESS: Lela@Louisvilleins.com			
CODE: 0CXF36		SUB CODE:		
AGENCY CUSTOMER ID #: THEHA-1				
INSURED The Harbours Condominium Association, Inc. One RiverPointe Plaza Jeffersonville, IN 47130			LOAN NUMBER	POLICY NUMBER 630-8F26705A
			EFFECTIVE DATE 06/20/2024	EXPIRATION DATE 06/20/2025
			<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION 1 One RiverPointe Plaza Jeffersonville, IN 47130
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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 ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building 1	60,789,670	25,000
Business Personal Property	273,000	
Guaranteed Replacement Cost		
Building 2	7,211,283	25,000
Guaranteed Replacement Cost		
Earthquake	10,000,000	100,000
Wind/Hail/Water Damage		50,000
172 Units		

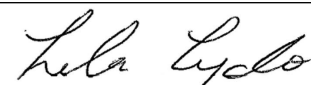
REMARKS (Including Special Conditions)

Ordinance or Law Coverage \$250,000 limit; \$25,000 deductible
Equipment Breakdown Coverage not included.
Boiler/Mechanical Breakdown is not included.
Employee Dishonesty \$1,500,000

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

NAME AND ADDRESS "For Informational Purposes"	<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE
	<input type="checkbox"/>	MORTGAGEE				
	LOAN #					
AUTHORIZED REPRESENTATIVE 						

AGENCY CUSTOMER ID: THEHA-1

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Pike Insurance Agency, LLC		NAMED INSURED The Harbours Condominium Association, Inc. One RiverPointe Plaza Jeffersonville, IN 47130
POLICY NUMBER 630-8F26705A		
CARRIER	NAIC CODE	EFFECTIVE DATE: 06/20/2021

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____