

**GOTHAM HOMEOWNERS ASSOCIATION, INC.
C/O ASSOCIATION MANAGEMENT, INC.**

ADDITIONAL TERMS AND CONDITIONS

TOTAL NUMBER OF UNITS: 41

TOTAL NUMBER OF BUILDINGS: 1

REPLACEMENT COST VALUATION - COINSURANCE WAIVED

"WALLS IN COVERAGE" - SUBJECT TO POLICY TERMS AND CONDITIONS

SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE
01/10/2011

NAME OF INSURED: Gotham Homeowners Association
C/O Association Management, Inc.

Additional Description of Operations/Remarks from Page 1:

Additional Information:

Additional Participating Carriers:

Westchester Surplus Lines

RSUI Indemnity Company

Alterra Excess & Surplus Ins. Co.

Aspen Specialty Insurance Company

Ironshore Specialty Insurance Co.

Essex Insurance Company

Liberty Surplus Insurance Corp.

James River Insurance Co.

Aspen Specialty Insurance Company

Mt. Hawley Insurance Co.

Steadfast Insurance Co.

Maiden Specialty Ins. Co.

Scottsdale Insurance Company

Underwriters at Lloyds of London

Maiden Specialty Ins. Co

Homeland Insurance Co. of New York



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/29/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 1-713-623-2330 Arthur J. Gallagher Risk Management Services, Inc. 1900 West Loop South Suite 1600 Houston, TX 77027	CONTACT NAME: Crystal L. Vaughan PHONE (A/C No. Ext): 713-358-5742 FAX (A/C, No): 713-358-5743 E-MAIL ADDRESS: crystal_vaughan@ajg.com PRODUCER CUSTOMER ID #:														
INSURED Gotham Homeowners Association C/O Association Management, Inc. 5295 Hollister Houston, TX 77040	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: FEDERAL INS CO</td> <td>20281</td> </tr> <tr> <td>INSURER B: GREAT AMER INS CO</td> <td>16691</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: FEDERAL INS CO	20281	INSURER B: GREAT AMER INS CO	16691	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: 18978811

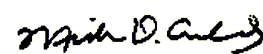
REVISION NUMBER:

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		7993-45-71	01/01/11	01/01/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		UM2386960	01/01/11	01/01/12	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Garage Keepers Legal Liab		7993-45-71	01/01/11	01/01/12	Limit: 1,000,000
A	Hired & Non-Owned Automobile		7993-45-71	01/01/11	01/01/12	Limit: 1,000,000
B	Products & Completed Oper Agg		UM2386960	01/01/11	01/01/12	Limit: 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 FOR INSURANCE VERIFICATION ONLY - FOR COMMON AREAS ONLY

CERTIFICATE HOLDER**CANCELLATION**

GOTHAM HOMEOWNERS ASSOCIATION C/O ASSOCIATION MANAGEMENT, INC. 5295 HOLLISTER HOUSTON, TX 77040 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/04/2011

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INSURED Gotham Homeowners Association C/O Association Management, Inc. 5295 Hollister Houston, TX 77040	INSURER(S) AFFORDING COVERAGE	
	INSURER A: TEXAS MUT INS CO	NAIC # 22945
	INSURER B: NOVA CAS CO	NAIC # 42552
	INSURER C: TRAVELERS CAS & SURETY CO OF AMER	NAIC # 31194
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 19181611

REVISION NUMBER:

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	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
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B	Crime/Fidelity		WIB-CL-0010170-0	01/01/11	01/01/12	Employee Theft 300,000
C	D&O		103701005	01/01/11	01/01/12	Limit of Insurance 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Master Certificate	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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