ENDORSEMENT COVER NOTE AMEND NAMED INSURED ADD ADDITIONAL NAMED INSURED

EFFECTIVE DATE: 9/29/2023

Named Insured: Noel Management Company, Inc.

Insurer: Third Coast Insurance Company

Policy No.: SUM3-001426-23

PER ATTACHED CARRIER ISSUED ENDORSEMENT

Additional Premium: Additional Tax: Total Additional:

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Date of Issue December 17, 2023 / Ceisemann

BY:

Scott Brock - Authorized Representative

Endorsement Cover Note



Date: 12/17/2023 **Account No:** SUM3-001426-23

Noel Management Company Inc.

Address: 1605 Lyndon B Johnson Freeway Suite 250, Dallas, TX, 75234

Endt. Effective Date: 12:01 a.m. on 9/29/2023 at location of the insured property

| <u>Companies</u> | | | Policy Number |
|------------------|----|---|---------------------|
| | A. | Third Coast Insurance Company (A XV) provides coverage for Property | PROP-SUM3-001426-23 |
| | B. | Travelers Property Casualty Company of America (A+XV) provides coverage for Equipment Breakdown | EBSUM3-001426-23 |
| | C. | Underwriters at Lloyds (A XV) provides coverage for Terrorism | TERRSUM3-001426-23 |

| <u>Valuation</u> | | Scheduled Values | Coinsurance | Valuation |
|------------------|---------------------------|------------------|-------------|-----------------------|
| | Real Property | 0 | Nil % | Replacement Cost |
| | Bus. Personal Property | 0 | Nil % | Replacement Cost |
| | Bus. Income Loss of Rents | 0 | Nil % | Actual Loss Sustained |
| | Other | 0 | Nil % | Replacement Cost |
| | Total Insured Value | 0 | | |

<u>Payment Calculation</u> \$ 0.00 Premium (25% Minimum Earned at Inception)

\$0.00 Program Fees (Fully Earned at Inception)
\$0.00 Inspection Fee (Fully Earned at Inception)

\$ 0.00 Total

Comments 1985

AMEND NAMED INSURED

Bind Id: 1985

Noel Management Company Inc.

Statement of Values

| Prorata Factor: 1.003 | Total Premium: \$0.00 | | | Grand Total TIV: | | | | \$0 | | |
|----------------------------|-----------------------|----------------|------------|------------------|-------------------|----------|------------------------|-----|-------------------------------|--|
| Loc Name | <u>Address</u> | | City | <u>State</u> | <u>Zip</u> | Eff Date | Exp Date Inspection Re | | Inspection Required | |
| The Avenues at Carrollton | 4689 Mustang Parkway | | Carrollton | TX | 75010 | 09/29/23 | 09/29/24 No | | No | |
| Coverages | Limits of Insurance | No. of Bldgs | 11 | | Build Year | 2015 | Peril | S | Deductibles | |
| <u>Buildings</u> | (\$37,576,220) | No. of Units | 268 | | Roof Year | 2015 | <u>AOP</u> | | \$100,000.00 | |
| Bus. Personal Property | (\$250,000) | No. of Pools | 1 | | Smoke Alarm | Yes | <u>WHH</u> | | 3% % of TIV WHH Deductible | |
| Bus. Income / Rental Value | (\$7,125,000) | Sq. Ft. | 341602 | | <u>Sprinklers</u> | Yes | <u>Earthquake</u> | | Coverage Excluded | |
| <u>Other</u> | (\$50,000) | No. of Stories | 4 | | <u>Subsidized</u> | 0.00 | <u>Flood</u> | | Coverage Excluded | |
| Total Insured Value | (\$45,001,220) | Construction | Frame | | Wiring | Copper | | | | |

| Loc Name Address | | | <u>City</u> | <u>State</u> | <u>Zip</u> | Eff Date | Exp Date | Inspection Required | |
|----------------------------|----------------------|----------------|-------------|--------------|-------------------|----------|-------------------|-------------------------------|--|
| The Avenues at Carrollton | 4689 Mustang Parkway | | Carrollton | TX | 75010 | 09/29/23 | 09/29/24 | No | |
| Coverages | Limits of Insurance | No. of Bldgs | 11 | | Build Year | 2015 | Perils | s Deductibles | |
| Buildings | \$37,576,220 | No. of Units | 268 | | Roof Year | 2015 | <u>AOP</u> | \$100,000.00 | |
| Bus. Personal Property | \$250,000 | No. of Pools | 1 | | Smoke Alarm | Yes | <u>WHH</u> | 3% % of TIV WHH Deductible | |
| Bus. Income / Rental Value | \$7,125,000 | Sq. Ft. | 341602 | | <u>Sprinklers</u> | Yes | <u>Earthquake</u> | Coverage Excluded | |
| <u>Other</u> | \$50,000 | No. of Stories | 4 | | <u>Subsidized</u> | 0.00 | Flood | Coverage Excluded | |
| Total Insured Value | \$45,001,220 | Construction | Frame | | <u>Wiring</u> | Copper | | | |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL CHANGE ENDORSEMENT

Effective Date: 09/29/2029

Policy Number: SUM3-001426-23

Named Insured: Noel Management Company, Inc.

Notwithstanding anything to the contrary contained within this policy or any endorsements, and in consideration of premium charged, the following amendments are made to the policy:

ADDITIONAL NAMED INSURED:

Mustang Pkwy MF Prop, LLC