



## Inland Marine Insurance

### Premium Bill

*Policy Period*                      SEPTEMBER 1, 2023 TO SEPTEMBER 1, 2024  
*Effective Date*                    AUGUST 2, 2024  
*Policy Number*                    0672-24-90 IOG  
*Insured*                              STONEFIELD HOMES LLC  
  
*Name of Company*                FEDERAL INSURANCE COMPANY  
*Date Issued*                        SEPTEMBER 9, 2024

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Portion of total premium attributable for terrorism and statutory standard fire where applicable  
is            \$ 0.00

PLEASE SEND PAYMENT TO AGENT OR BROKER.

ADD ENDORSEMENT: FORM #04-02-1761, 06/21, LOSS  
PAYABLE CONDITION AMENDED.

	<i>Additional</i>
<u><i>Date Payment Due</i></u>	<u><i>Premium</i></u>
AUGUST 2, 2024	\$ 0.00
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<b>TOTAL</b>	<b>\$ 0.00</b>

WHEN SENDING PAYMENT, PLEASE INDICATE POLICY NUMBER ON YOUR CHECK.

NOTE: PLEASE RETURN THIS BILL WITH PAYMENT AND INCLUDE ANY ADDITIONAL CHANGES.

Producer:  
SWINGLE COLLINS & ASSOCIATES  
13760 NOEL ROAD STE 600  
DALLAS, TX 75240-1381

Schedule of Forms

Policy Period	SEPTEMBER 1, 2023 TO SEPTEMBER 1, 2024
Effective Date	AUGUST 2, 2024
Policy Number	0672-24-90 IOG
Insured	STONEFIELD HOMES LLC
Name of Company	FEDERAL INSURANCE COMPANY
Date Issued	SEPTEMBER 9, 2024

The following is a schedule of additional forms included with this policy:

Form Number	Form Name
04-02-0638 (Ed. 9-95)	PROPERTY DECLARATIONS
04-02-1761 (Ed. 6-21)	LOSS PAYABLE CONDITION AMENDED

**Declarations****Named Insured and Mailing Address**

STONEFIELD HOMES LLC  
5001 LBJ FREEWAY  
SUITE 850  
DALLAS, TX 75244

**Chubb Group of Insurance Companies**  
**202B Hall's Mill Road**  
**Whitehouse Station, NJ 08889**

**Policy Number** 0672-24-90 IOG

**Effective Date** AUGUST 2, 2024

*Issued by the stock insurance company  
indicated below, herein called the company.*

**FEDERAL INSURANCE  
COMPANY**

**Producer No.** 0041603-99999

**Producer** SWINGLE COLLINS & ASSOCIATES  
13760 NOEL ROAD STE 600  
DALLAS, TX 75240-1381

*Incorporated under the laws of  
INDIANA*

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**Policy Period**

**From:** SEPTEMBER 1, 2023      **To:** SEPTEMBER 1, 2024  
12:01 A.M. standard time at the Named Insured's mailing address shown above.

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**Deductible:** \$ 5,000

The deductible shown above applies to all coverages, except Business Income and Extra Expense, contained within this policy unless a specific coverage deductible is shown below.

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The following displays the coverages provided by this policy.

**Coverages**

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**Coverage at Unnamed Premises**

The following displays the coverages provided at other premises.

**PREMISES** ANY OTHER PREMISES WITHIN THE COVERAGE TERRITORY

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**Premises Coverages**

(continued)

**CONSTRUCTION WORKS**

LIMIT OF INSURANCE	\$ 5,000,000
DEDUCTIBLE	\$ 5,000
GEOGRAPHIC SCOPE	TEXAS

**CONSTRUCTION WORKS AWAITING DELIVERY**

LIMIT OF INSURANCE	\$ 100,000
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**SOFT COSTS**

LIMIT OF INSURANCE	\$ 100,000
WAITING PERIOD	168 HOURS

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**Coverages Away From Premises**

The following displays the coverages provided away from premises.

**CONSTRUCTION WORKS IN TRANSIT**

LIMIT OF INSURANCE	\$ 100,000
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**Coverages at Named Premises, Unnamed Premises and Away From Premises**

The following displays the coverages provided at premises which are specifically covered under this insurance, other premises and away from premises.

**DEBRIS REMOVAL**

LIMIT OF INSURANCE	\$ 150,000
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**POLLUTANT CLEAN UP OR REMOVAL**

LIMIT OF INSURANCE	\$ 50,000
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**EFFECTS OF LAW**

LIMIT OF INSURANCE	\$ 100,000
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**LOSS PREVENTION EXPENSE**

LIMIT OF INSURANCE	\$ 5,000
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**FREE STANDING HOUSEHOLD APPLIANCES**

LIMIT OF INSURANCE	\$ 100,000
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**ELECTRONIC DATA AND VALUABLE PAPERS**

LIMIT OF INSURANCE	\$ 50,000
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**FUNGUS CLEAN-UP OR REMOVAL**

LIMIT OF INSURANCE	\$ 25,000
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Declarations

Effective Date    AUGUST 2, 2024

Policy Number    0672-24-90 IOG

Premises Coverages  
(continued)

EXPEDITING EXPENSES	
LIMIT OF INSURANCE	\$ 50,000
PREPARATION OF LOSS FEES	
LIMIT OF INSURANCE	\$ 25,000
PUBLIC SAFETY SERVICE CHARGES	
LIMIT OF INSURANCE	\$ 25,000

Chubb. Insured.<sup>SM</sup>

**Endorsement**

<i>Policy Period</i>	SEPTEMBER 1, 2023 TO SEPTEMBER 1, 2024
<i>Effective Date</i>	AUGUST 2, 2024
<i>Policy Number</i>	0672-24-90 IOG
<i>Insured</i>	STONEFIELD HOMES LLC
<i>Name of Company</i>	FEDERAL INSURANCE COMPANY
<i>Date Issued</i>	SEPTEMBER 9, 2024

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This Endorsement applies to the following forms:

RESIDENTIAL OPEN BUILDERS' RISK

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**SCHEDULE**

Name of Project:	1015 OLYMPIC DRIVE, ROCKWALL, TX 75087 1016 OLYMPIC DRIVE, ROCKWALL, TX 75087 807 ALBATROSS COURT, HEATH, TX 75032 833 MARATHON COURT, ROCKWALL, TX 75087 208 LINKS COURT, HEATH, TX 75126
Mortgage Holder:	METHOD BANK ISAMA/ATIMA 3100 MONTICELLO AVENUE, SUITE 125, DALLAS, TX 75205

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Under Conditions, the Loss Payable Condition is deleted and replaced with the following.

**Conditions****Loss Payable**

The entities listed on the Schedule above and designated as mortgage holders are added to this policy as loss payees for the project listed above, subject to the following terms and conditions:

For **construction works** in which both you and a mortgage holder shown in the Schedule above have an insurable interest, we will:

- adjust losses with you, and
- pay any claim for loss or damage jointly to you and the mortgage holder, as interests may appear.

We will pay for loss or damage to **construction works** jointly to you and the mortgage holder shown in the Declarations, as interest may appear.

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**Inland Marine Insurance**  
(continued)

Your mortgage holder has the right to receive loss payment, even though:

- you failed to comply with the terms of this insurance; or
- your mortgage holder starts foreclosure or similar actions on the **construction works**,

if such mortgage holder:

- pays any premium due at our request if you have failed to do so;
- submits signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
- has notified us of any change in ownership, occupancy or substantial change in risk known to such mortgage holder.

If we make loss payments to your mortgage holder when you fail to comply with the terms of this insurance, you will have to pay us to the extent we pay the mortgage holder. Your mortgage holder will still have the right to receive the balance of the mortgage debt from you.

We also have the right to take over your mortgage after making loss payment to the mortgage holder. If we do, you will pay your remaining mortgage debt to us.

If you fail to pay your premium, we may request it from your mortgage holder.

The mortgage holder must notify us of any change in ownership known to the mortgage holder.

If we cancel this insurance, we will give written notice to the mortgage holder at least:

- 20 days before the effective date of cancellation if we cancel for nonpayment of premium; or
- 60 days before the effective date of cancellation if we cancel for any reason.

Failure to provide such notice shall not invalidate such cancellation.

To satisfy the requirements of any mortgage holder shown in the Declarations or in the Schedule above, copies of policies or certified copies of policies may be sent to these mortgage holders. In no event are copies of policies sent to mortgage holders to be considered as increasing the Limits of Insurance shown in the Declarations or changing the terms of this insurance, nor are they to be considered duplicate or contributing insurance.

All other terms and conditions remain unchanged.

Authorized Representative

