

**Insurance Dec Page**  
**River Pointe Patio Homes**

Order: KPGVMVM2L  
Address: 6909 River Wind Dr  
Order Date: 04-07-2025  
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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/04/2024

**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.**

<b>PRODUCER</b> McDaniel Insurance Agency, LLC 921 Main Street  Shelbyville KY 40065	<b>CONTACT NAME:</b> Brooke Ernst <b>PHONE (A/C. No. Ext):</b> (502) 909-0920 <b>FAX (A/C. No):</b> (502) 909-0923 <b>E-MAIL ADDRESS:</b> Certificates@McDanielins.com <b>PRODUCER CUSTOMER ID:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A :</b> Erie Insurance Company</td> <td>26263</td> </tr> <tr> <td><b>INSURER B :</b></td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A :</b> Erie Insurance Company	26263	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURER F :</b>															
<b>INSURED</b> River Pointe Patio Homes Council of CoOwners 3944 BARDSTOWN RD  LOUISVILLE KY 40218-2610															

**COVERAGES                                  CERTIFICATE NUMBER:                                  REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> <b>PROPERTY</b>	Q61-0333943	11/1/2024	11/1/2025	<input checked="" type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input checked="" type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$ \$ \$ \$ \$ \$ 19,109,400 \$ \$ \$	
	CAUSES OF LOSS						DEDUCTIBLES
	<input type="checkbox"/> BASIC						BUILDING 25,000
	<input type="checkbox"/> BROAD						CONTENTS
	<input checked="" type="checkbox"/> SPECIAL						
	<input checked="" type="checkbox"/> EARTHQUAKE						5%
	<input checked="" type="checkbox"/> WIND						25,000
	<input type="checkbox"/> FLOOD						
<input checked="" type="checkbox"/> Replacement	Cost					\$	
	<input type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
A	<input checked="" type="checkbox"/> <b>CRIME</b>	Q61-0333943	11/1/2024	11/1/2025	<input checked="" type="checkbox"/> Employee Dishonesty <input checked="" type="checkbox"/> Directors & Officers	\$ 250,000 \$ 2,000,000	
A	<input checked="" type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>	Q61-0333943	11/1/2024	11/01/2025	<input checked="" type="checkbox"/> Equipment Breakdown	\$ Included	
A	General Liability	Q61-0333943	11/1/2024	11/1/2025	<input checked="" type="checkbox"/> Each Occurrence <input checked="" type="checkbox"/> General Aggregate	\$ 2,000,000 \$ 4,000,000	

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Building Coverage \$19,109,400    62 Units    Replacement Cost

**CERTIFICATE HOLDER**

**CANCELLATION**

	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
<p>AUTHORIZED REPRESENTATIVE</p> <p>Order: KPC          Address: 6900 River Wind Dr          Order Date: 04-07-2025  <i>Brooke Ernst</i></p>	