



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/8/2018

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> Scarbrough Medlin & Associates 5700 Granite Pkwy, #500  Plano TX 75024		<b>CONTACT NAME:</b> Misti McInis <b>PHONE (A/C No. Ext):</b> (214)423-3333 <b>FAX (A/C No):</b> (214)423-3350 <b>E-MAIL ADDRESS:</b> Misti@scarbrough-medlin.com <b>PRODUCER CUSTOMER ID:</b> 00010357	
<b>INSURED</b> Chateau Du Lac HOA c/o Legacy Southwest Property Management, LP 8668 John Hickman Parkway #801 Frisco TX 75034		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: ACE Property & Casualty Ins Co INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		<b>NAIC #</b>	

**COVERAGES**

CERTIFICATE NUMBER: CP1811806238

REVISION NUMBER:

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

Loc# 00001 Bldg# 00001: 2106 CAVALIER WAY FLOWER MOUND TX 750225588

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"/>	PROPERTY	ASNTXF145617421	11/7/2018	11/7/2019	BUILDING	\$	
	CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$
		BASIC				BUILDING	BUSINESS INCOME	\$
		BROAD				CONTENTS	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL					RENTAL VALUE	\$
		EARTHQUAKE				BLANKET BUILDING	\$	
		WIND				BLANKET PERS PROP	\$	
		FLOOD				BLANKET BLDG & PP	\$	
	<input checked="" type="checkbox"/>	DEDUCTIBLE	\$1,000	<input checked="" type="checkbox"/>	LIMIT	\$ 1,286,243		
				<input checked="" type="checkbox"/>	REPLACEMENT COST	\$		
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY			\$		
	CAUSES OF LOSS		POLICY NUMBER			\$		
	<input type="checkbox"/>	NAMED PERILS				\$		
A	<input checked="" type="checkbox"/>	CRIME	ASNTXF145617421	11/7/2018	11/7/2019	<input checked="" type="checkbox"/>	LIMIT \$ 50,000	
	TYPE OF POLICY					<input checked="" type="checkbox"/>	DEDUCTIBLE \$ 1,000	
	EMPLOYEE DISHONESTY						\$	
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
							\$	
							\$	
							\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ASSOCIATION COMMON AREAS ONLY

**CERTIFICATE HOLDER**

For Information Purposes  
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**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.

AUTHORIZED REPRESENTATIVE

ROD MEDLIN/MCINIS



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/08/2018

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Scarbrough Medlin & Associates 5700 Granite Pkwy, #500  Plano TX 75024		<b>CONTACT NAME:</b> Misti McInis <b>PHONE (A/C, No, Ext):</b> (214) 423-3333 <b>E-MAIL ADDRESS:</b> Misti@scarbrough-medlin.com <b>FAX (A/C, No):</b> (214) 423-3350	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> ACE Property & Casualty Ins Co	<b>NAIC #</b>
		<b>INSURER B:</b> National Surety Corporation	21881
		<b>INSURER C:</b> Philadelphia Indemnity Insurance Co	18058
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Chateau Du Lac HOA c/o Legacy Southwest Property Management, LP 8668 John Hickman Parkway #801 Frisco TX 75034			

**COVERAGES**

CERTIFICATE NUMBER: 18-19 Liability

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			ASNTXF145617421	11/07/2018	11/07/2019	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b>			ASNTXF145617421	11/07/2018	11/07/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			SUO00049054554	11/07/2018	11/07/2019	EACH OCCURRENCE	\$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE	\$ 10,000,000
	DED	RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	<b>DIRECTORS &amp; OFFICERS</b>			PCAP015533-0118	11/07/2018	11/07/2019	LIMIT	\$1,000,000
							RETENTION	\$1,000

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

ASSOCIATION COMMON AREAS ONLY

**CERTIFICATE HOLDER****CANCELLATION**

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AUTHORIZED REPRESENTATIVE

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