

## **CERTIFICATE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 6/22/2020

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.

|   |  |               |  | OF INSURANCE DOES NOT CONST<br>ER, AND THE CERTIFICATE HOLDEI |                                       | CT BETWEEN T   | HE | ISSUING INSURER   | (S), AL       | JTHORIZED |  |  |  |
|---|--|---------------|--|---|---------------------------------------|--|----|-------------------|---------------|-----------|--|--|--|
|   | DUCE                                     |               | _  |   | CONTACT WIII                          | CONTACT William Rinker   |    |                   |               |           |  |  |  |
|   |  | •             | ance Agency,                                   | LLC   | PHONE (A/C. No. Ext): 97              | PHONE (A/C, No, Ext): 972-849-5439 FAX (A/C, No): 972-767-0920   |    |                   |               |           |  |  |  |
|   |  | asor Blvd.,   | Suite 223                                      |   | E-MAIL<br>ADDRESS: certi              | E-MAIL ADDRESS: certificates@communityia.com   |    |                   |               |           |  |  |  |
| Pla   | no '                                     | TX 75024      |  |   | PRODUCER                              | PRODUCER<br>CUSTOMER ID:   |    |                   |               |           |  |  |  |
|   |  |               |  |   |                                       | INSURER(S) AFFORDING COVERAGE  |    |                   |               |           |  |  |  |
| INSU  |  | 147 4 1       |  |   | INSURER A : AC                        | INSURER A: ACE Property and Casualty Insurance C   |    |                   |               |           |  |  |  |
|   |  | -             | v Estates HO                                   |   | INSURER B:                            | INSURER B:   |    |                   |               |           |  |  |  |
|   |  |               | ition Manage                                   |   | INSURER C:                            | INSURER C:   |    |                   |               |           |  |  |  |
| ı   |  |               | ve, Suite 112                                  |   | INSURER D:                            | INSURER D:   |    |                   |               |           |  |  |  |
| Ca  | roll                                     | ton TX 7500   | 06   |   | INSURER E :                           | INSURER E:   |    |                   |               |           |  |  |  |
|   |  |               |  |   | INSURER F:                            | INSURER F:   |    |                   |               |           |  |  |  |
|   |  | AGES          |  | CERTIFICATE NUMBER:   |                                       | REVISION NUMBER:   |    |                   |               |           |  |  |  |
| LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  Hickory Creek, TX 75065  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. |  |               |  |   |                                       |  |    |                   |               | CH THIS   |  |  |  |
| INSR<br>LTR   |  | TYPE OF IN    |  | POLICY NUMBER   | POLICY EFFECTIVE<br>DATE (MM/DD/YYYY) | POLICY EXPIRATION  |    | COVERED PROPERTY  | ED PROPERTY L |           |  |  |  |
| Α   | ~  | PROPERTY      |  | ASNTXF142878631-003   | 6/15/2020                             | 6/15/2021  |    | BUILDING          | \$            |           |  |  |  |
|   | CAI                                      | JSES OF LOSS  | DEDUCTIBLES                                    | 7.6.117.11 1.126.1666.1 666                                   | 0,10,2020                             | 0,10,2021  |    | PERSONAL PROPERTY | \$            |           |  |  |  |
|   |  | BASIC         | BUILDING                                       | \$500 Deductible - All Perils                                 |                                       |  |    | BUSINESS INCOME   | \$            |           |  |  |  |
|   |  | BROAD         | CONTENTS                                       | Per Occurrence  |                                       |  |    | EXTRA EXPENSE     | \$            |           |  |  |  |
|   | V  | SPECIAL       |  |   |                                       |  |    | RENTAL VALUE      | \$            |           |  |  |  |
|   |  | EARTHQUAKE    |  |   |                                       |  |    | BLANKET BUILDING  | \$            |           |  |  |  |
|   |  | WIND          |  |   |                                       |  |    | BLANKET PERS PROP | \$            |           |  |  |  |
|   |  | FLOOD         |  |   |                                       |  | V  | BLANKET BLDG & PP | \$ 43,7       | 740       |  |  |  |
|   |  |               |  |   |                                       |  |    | 1                 | \$            |           |  |  |  |
|   |  |               |  |   |                                       |  |    | 1                 | \$            |           |  |  |  |
|   |  | INLAND MARINE | E  | TYPE OF POLICY  |                                       |  |    |                   | \$            |           |  |  |  |
|   | CAUSES OF LOSS  NAMED PERILS             |               |  |   |                                       |  |    |                   | \$            |           |  |  |  |
|   |  |               |  | POLICY NUMBER   |                                       |  |    |                   | \$            |           |  |  |  |
|   |  |               |  |   |                                       |  |    |                   | \$            |           |  |  |  |
|   |  | CRIME         |  |   |                                       |  |    |                   | \$            |           |  |  |  |
|   | TYF                                      | E OF POLICY   |  |   |                                       |  |    |                   | \$            |           |  |  |  |
|   | BOILER & MACHINERY / EQUIPMENT BREAKDOWN |               |  |   |                                       |  |    |                   | \$            |           |  |  |  |
|   |  |               |  |   |                                       |  |    |                   | \$            |           |  |  |  |
|   |  | Equi ment bit | LANDONN  |   |                                       |  |    |                   | \$            |           |  |  |  |
|   |  |               |  |   |                                       |  |    | [                 | \$            |           |  |  |  |
|   |  |               |  |   |                                       |  |    |                   | \$            |           |  |  |  |
| SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  |  |               |  |   |                                       |  |    |                   |               |           |  |  |  |
| CE  | RTIF                                     | FOREY ACC     |  | nagament I D  | CANCELLAT                             | ION  |    |                   |               |           |  |  |  |
|   |  | 1512 Cres     | sociation Mai<br>scent Drive, S<br>i, TX 75006 | nagement, L.P.<br>Suite 112                                   | THE EXPIRA                            | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |    |                   |               |           |  |  |  |
|   |  |               |  |   | 1                                     | AUTHORIZED REPRESENTATIVE  Chicken Rider   |    |                   |               |           |  |  |  |



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/22/2020

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). |  |  |                     |      |  |  |  |  |  |  |           |  |  |  |
|--|--|--|---------------------|------|--|--|--|--|--|--|-----------|--|--|--|
| _  |  | Community Insurance Age                              |                     |      |  | CONTACT William Rinker   |  |  |  |  |           |  |  |  |
|  |  | 8105 Rasor Blvd., Suite 223                          |                     | ,    | NAME: Vinial Kinkel PHONE (A/C, No, Ext): 972-849-5439 FAX (A/C, No): 972-767-0920 |  |  |  |  |  |           |  |  |  |
|  |  | Plano TX 75024                                       | •                   |      |  |  |  | [A/C, No, Ext): 372-043-3433 (A/C, No): 372-707-0320  E-MAIL ADDRESS: Certificates@communityia.com |  |  |           |  |  |  |
|  |  |  |                     |      |  | INSURER(S) AFFORDING COVERAGE NAIC #   |  |  |  |  |           |  |  |  |
|  |  |  |                     |      |  | INSURER A: ACE Property and Casualty Insurance Co.                                 |  |  |  |  |           |  |  |  |
| INSU   | JRED   | Hickory Waterview Estates                            | tes HOA, Inc.       |      |  |  | INSURER B : Philadelphia Indemnity Insurance Company |  |  |  |           |  |  |  |
|  |  | c/o Essex Association Management, L.P.               |                     |      |  |  | INSURER C:   |  |  |  |           |  |  |  |
|  |  | 1512 Crescent Drive, Suite 112                       |                     |      |  |  | INSURER D:   |  |  |  |           |  |  |  |
|  |  | Carrollton TX 75006                                  |                     |      |  |  | INSURER E :  |  |  |  |           |  |  |  |
|  |  |  |                     |      |  | INSURER F:   |  |  |  |  |           |  |  |  |
|  |  |  |                     |      | E NUMBER:  | REVISION NUMBER:  AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD |  |  |  |  |           |  |  |  |
|  |  | TED. NOTWITHSTANDING ANY RE                          |                     |      |  |  |  |  |  |  |           |  |  |  |
|  |  | FICATE MAY BE ISSUED OR MAY F                        |                     |      |  |  |  |  |  | ALL T                                  | HE TERMS, |  |  |  |
| INSR   |  |  | ADDL                | SUBR | LIMITS SHOWN MAY HAVE BEEN REDUCED B   |  |  |  |  |  |           |  |  |  |
| LTR  | <del>                                     </del>                           | TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY       | INSD WVD POLICY NUI |      | POLICY NUMBER ASNTXF142878631-00   | 12   | POLICY EFF<br>(MM/DD/YYYY)                           | (MM/DD/YYYY)   | LIMIT                                    |  |           |  |  |  |
| A  |  |  |                     |      | ASN1AF142070031-00   | JS   | 6/15/2020  | 6/15/2021  | EACH OCCURRENCE<br>DAMAGE TO RENTED      | \$ 1,000,000<br>\$ 100,000<br>\$ 5,000 |           |  |  |  |
|  | $\vdash$   | CLAIMS-MADE OCCUR                                    |                     |      |  |  |  |  | PREMISES (Ea occurrence)                 |  |           |  |  |  |
|  | Н  |  |                     |      |  |  |  |  | MED EXP (Any one person)                 | ·                                      | 0,000     |  |  |  |
|  |  |  |                     |      |  |  |  |  | PERSONAL & ADV INJURY                    |  | 00,000    |  |  |  |
|  |  | 'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC |                     |      |  |  |  |  | GENERAL AGGREGATE                        | • •                                    | 00,000    |  |  |  |
|  |  |  |                     |      |  |  |  |  | PRODUCTS - COMP/OP AGG                   | \$ 2,00                                | 70,000    |  |  |  |
| A  | AUT  | OTHER: OMOBILE LIABILITY                             |                     |      | ASNTXF142878631-00   | )3   | 6/15/2020  | 6/15/2021  | COMBINED SINGLE LIMIT                    |  | 00,000    |  |  |  |
|  | П  | ANY AUTO   | ш                   |      |  |  |  |  | (Ea accident) BODILY INJURY (Per person) | \$                                     | -,        |  |  |  |
|  | H  | OWNED SCHEDULED                                      |                     |      |  |  |  |  | BODILY INJURY (Per accident)             | \$                                     |           |  |  |  |
|  |  | AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY    |                     |      |  |  |  |  | PROPERTY DAMAGE<br>(Per accident)        | \$                                     |           |  |  |  |
|  | H  | AUTOS ONET   |                     |      |  |  |  |  | (i ei accident)                          | \$                                     |           |  |  |  |
|  | П  | UMBRELLA LIAB OCCUR                                  |                     |      |  |  |  |  | EACH OCCURRENCE                          | \$                                     |           |  |  |  |
|  |  | EXCESS LIAB CLAIMS-MADE                              |                     |      |  |  |  |  | AGGREGATE                                | \$                                     |           |  |  |  |
|  |  | DED RETENTION\$                                      |                     |      |  |  |  |  |  | \$                                     |           |  |  |  |
|  |  | KERS COMPENSATION EMPLOYERS' LIABILITY               |                     |      |  |  |  |  | PER OTH-<br>STATUTE ER                   |  |           |  |  |  |
|  | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) |  |                     |      |  |  |  |  | E.L. EACH ACCIDENT                       | \$                                     |           |  |  |  |
|  |  |  |                     |      |  |  |  |  | E.L. DISEASE - EA EMPLOYEE               | \$                                     |           |  |  |  |
|  | DESC   | , describe under<br>CRIPTION OF OPERATIONS below     |                     |      |  |  |  |  | E.L. DISEASE - POLICY LIMIT              | \$                                     |           |  |  |  |
| В  | Dire   | ctors & Officers Liability                           |                     |      | PCAP008443-0318  |  | 6/15/2020  | 6/15/2021  | Limit of Liability:                      | \$1,000                                | <i>'</i>  |  |  |  |
|  |  |  |                     | Ш    |  |  |  |  | Retention:                               | \$                                     | 500       |  |  |  |
|  |  |  |                     |      |  |  |  |  |  |  |           |  |  |  |
| DES  | CRIPTI   | ON OF OPERATIONS / LOCATIONS / VEHICL                | ES (A               | CORE | 0 101, Additional Remarks Schedu   | le, may b  | e attached if more                                   | e space is require   | ed)                                      |  |           |  |  |  |
|  |  |  |                     |      |  |  |  |  |  |  |           |  |  |  |
|  |  |  |                     |      |  |  |  |  |  |  |           |  |  |  |
|  |  |  |                     |      |  |  |  |  |  |  |           |  |  |  |
|  |  |  |                     |      |  |  |  |  |  |  |           |  |  |  |
|  |  |  |                     |      |  |  |  |  |  |  |           |  |  |  |
| <u></u>  |  |  |                     |      |  |  |  |  |  |  |           |  |  |  |
| CERTIFICATE HOLDER   |  |  |                     |      |  |  | CELLATION  |  |  |  |           |  |  |  |
| Essex Association Management, L.P.   |  |  |                     |      |  |  | OULD ANY OF  | THE ABOVE D  | ESCRIBED POLICIES BE CA                  | ANCELL                                 | ED BEFORE |  |  |  |
|  |  | escent Drive, Suite 112                              |                     |      |  | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN                           |  |  |  |  |           |  |  |  |
| Carrollton, TX 75006   |  |  |                     |      |  |  | ACCORDANCE WITH THE POLICY PROVISIONS.               |  |  |  |           |  |  |  |
|  |  |  |                     |      |  |  | AUTHORIZED REPRESENTATIVE                            |  |  |  |           |  |  |  |
|  |  |  |                     |      |  |  |  |  |  |  |           |  |  |  |
| l  |  |  |                     |      |  | Willen Riber   |  |  |  |  |           |  |  |  |