

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 6/17/2021

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.

	BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.												
	DUCE		ance Agency,	11.0	CONTACT WIII	CONTACT William Rinker							
ı		-	• •	LLC	PHONE (A/C, No, Ext): 97	PHONE (A/C, No, Ext): 972-849-5439 FAX (A/C, No): 972-767-0920							
ı		asor Blvd., TX 75024	Suite 223		PRODUCER	E-MAIL ADDRESS: certificates@communityia.com							
					OCCIOMENTS.	INSURER(S) AFFORDING COVERAGE							
	JRED	14/	E. 1. 1	A	INSURER A : Pa	INSURER A : Pacific Indemnity Company							
		-	v Estates HO		INSURER B:	INSURER B:							
			ation Manage	-	INSURER C:	INSURER C:							
ı			ve, Suite 112		INSURER D :	INSURER D:							
Ca	rroll	ton TX 7500	J6		INSURER E :	INSURER E :							
Ļ					INSURER F:								
		AGES	DESCRIPTION OF F	CERTIFICATE NUMBER: PROPERTY (Attach ACORD 101, Additional Rema	ala Oakadala Kasasaan	REVISION NUMBER:							
Hic T	HIS IS	S TO CERTIFY ATED. NOTWIFICATE MAYE	75065 THAT THE POLITHSTANDING AND INC. THE ISSUED OR M	ICIES OF INSURANCE LISTED BELOW H NY REQUIREMENT, TERM OR CONDITIO 1AY PERTAIN, THE INSURANCE AFFORD	IAVE BEEN ISSUED 1 ON OF ANY CONTRAC DED BY THE POLICIE	O THE INSURED NOT OR OTHER DOOS DESCRIBED HER	CUM REIN	ENT WITH RESPECT T	O WHIC	CH THIS			
INSR		CLUSIONS AND CONDITIONS OF TYPE OF INSURANCE		SUCH POLICIES. LIMITS SHOWN MAY H POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION		COVERED PROPERTY		LIMITS			
LTR			I		<u> </u>	DATE (MM/DD/YYYY)		BUILDING		2			
Α	CAL	JSES OF LOSS	DEDUCTIBLES	ASNTXF162816455	6/15/2021	6/15/2022	┢	PERSONAL PROPERTY	\$				
	- O/10	BASIC	BUILDING	\$500 Deductible - All Perils			┢	BUSINESS INCOME	\$				
		BROAD		Per Occurrence			┢	EXTRA EXPENSE	\$				
	7	SPECIAL	CONTENTS				┢	RENTAL VALUE	\$				
	Ť	EARTHQUAKE						BLANKET BUILDING	\$				
		WIND					H	BLANKET PERS PROP	\$				
		FLOOD					V	BLANKET BLDG & PP	\$ 43,7	740			
							H		\$				
							T	1	\$				
		INLAND MARINE	Ē	TYPE OF POLICY					\$				
	CAUSES OF LOSS								\$				
		NAMED PERILS		POLICY NUMBER					\$				
									\$				
		CRIME							\$				
	TYP	E OF POLICY							\$				
									\$				
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN						L		\$				
									\$				
							L		\$				
-		2011017101101	WED 00/22 : 055	(ACCEPT 404 Additional 5 C	 		L	J	\$				
SPE	CIAL (CONDITIONS / OT	NEK COVERAGES	(ACORD 101, Additional Remarks Schedule, may	De attacned if more spac	e is required)							
CE	<u>RTI</u> F	ICATE HOL	DER		CANCELLAT	ION							
		1512 Cres	sociation Mar scent Drive, S n, TX 75006	nagement, L.P. Guite 112	THE EXPIRATION ACCORDANG	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					l l	AUTHORIZED REPRESENTATIVE Colinear Right							

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/17/2021

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lf	SUB	ROGATION IS WAIVED, subject	to t	he te	rms and conditions of th	e poli	cy, certain p	olicies may				
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER Community Insurance Agency, LLC							CONTACT William Rinker PHONE (A/C, No, Ext): 972-849-5439 (A/C, No): 972-767-0920					
		8105 Rasor Blvd., Suite 223				(A/C, No	o, Ext): 972-84	49-5439	(A/C,	No): 972-76	67-0920	
		Plano TX 75024				E-MAIL ADDRESS: certificates@communityia.com						
						INSURER(S) AFFORDING COVERAGE NAIC #					NAIC#	
							INSURER A: Pacific Indemnity Company					
INSU	JRED	Hickory Waterview Estates HO	A, In	c.		INSURER B : Philadelphia Indemnity Insurance Company						
		c/o Essex Association Manage	men	t, L.P		INSURER C:						
		1512 Crescent Drive, Suite 112				INSURER D:						
		Carrollton TX 75006				INSURER E :						
						INSURER F:						
co	VER	AGES CER	TIFI	CATI	E NUMBER:				REVISION NUMBER	₹:		
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.												
LTR		TYPE OF INSURANCE	INSD	WVD			(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	20.000	
A	~	COMMERCIAL GENERAL LIABILITY			ASNTXF162816455		6/15/2021	6/15/2022	DAMAGE TO RENTED	4.0	00,000	
	\vdash	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence	,, +	00,000	
	\vdash								MED EXP (Any one person	·	5,000	
	Ш								PERSONAL & ADV INJUR		00,000	
	$\overline{}$	'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00,000	
		POLICY PRO- JECT LOC OTHER:							PRODUCTS - COMP/OP A	GG \$ 2,00 \$	00,000	
Α	AUT	OMOBILE LIABILITY			ASNTXF162816455		6/15/2021	6/15/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000	
		ANY AUTO							BODILY INJURY (Per pers		•	
	H	OWNED SCHEDULED							BODILY INJURY (Per accid	dent) \$		
	7	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	H	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	${}^{+}$	UMBRELLA LIAB OCCUR							EAGU GOOLIDDENGE			
	\vdash	-varaa	_	Ш					EACH OCCURRENCE	\$		
	H	CEATIVIS-IVIADE							AGGREGATE	\$		
	WOR	DED RETENTION \$ KERS COMPENSATION							PER OT STATUTE ER	"H-		
	AND	EMPLOYERS' LIABILITY Y / N		Ш								
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If ves, describe under								E.L. DISEASE - EA EMPLO			
┢	DÉSC	CRIPTION OF OPERATIONS below			PCAP008443-0418		6/15/2021	6/15/2022	E.L. DISEASE - POLICY LI Limit of Liability:	MIT \$ \$1,000	000	
В	Dire	ctors & Officers Liability	\vdash		PCAP008443-0418		6/15/2021	0/13/2022	Retention:	1	500	
			\vdash									
<u> </u>	00:55	ON OF ORED ATIONS AS A SECOND	ا	<u></u>	1				0			
DES	CRIPTI	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	0 101, Additional Remarks Schedu	le, may b	e attached if mor	re space is require	ed)			
	CERTIFICATE HOLDER						CELLATION					
Ess	sex A	Association Management, L.P			 	NII D ANY 6=	THE ADOME 5	FOODIDED DOLLOIS	- 041.0E	ED DEFOSE		
1512 Crescent Drive, Suite 112							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Carrollton, TX 75006							ACCORDANCE WITH THE POLICY PROVISIONS.					
							AUTHORIZED REPRESENTATIVE					
						Miller Riber						