

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 6/24/2024

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.

	BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.												
	DUCE		_		CONTACT WIII	CONTACT William Rinker							
		•	nce 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., ΓX 75024	Suite 223		E-MAIL ADDRESS: certi PRODUCER	E-MAIL ADDRESS: certificates@communityia.com							
						INSURER(S) AFFORDING COVERAGE NAI							
	IRED	v Waterview	Estates HO	A. Inc.	INSURER A: Un	INSURER A: United States Liability Insurance Company							
			tion Manager		INSURER B:	INSURER B:							
			ve, Suite 112	nent, E.i .	INSURER C:	INSURER C:							
ı			•		INSURER D:	INSURER D:							
Ca	TOIL	ton TX 7500	00		INSURER E :	INSURER E :							
					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.													
INSR LTR		TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YYYY)			LIMITS				
A	1	PROPERTY		NPP1633364	6/21/2024	6/21/2025	BUILDING	\$					
	CAL	ISES OF LOSS	DEDUCTIBLES	14111000004	0/21/2024	0/21/2023	PERSONAL PROPERTY	\$					
		BASIC	BUILDING	\$1,000 Deductible - AOP			BUSINESS INCOME	\$					
		BROAD	CONTENTS	Per Occurrence			EXTRA EXPENSE	\$					
	V	SPECIAL	CONTENTS	\$2,500 Deductible - Wind/Hail			RENTAL VALUE	\$					
		EARTHQUAKE		Per Occurrence			BLANKET BUILDING	\$					
	1	WIND					BLANKET PERS PROP	\$					
	H	FLOOD					BLANKET BLDG & PP	\$					
	7	Hail					✓ Outdoor Prop	\$ 43,7	740				
	H						- Culubol 1 lop	\$					
	Н	INLAND MARINE	<u> </u>	TYPE OF POLICY				\$					
	CAUSES OF LOSS						H	\$					
		NAMED PERILS		POLICY NUMBER	-		H	\$					
	Н	NAMED FERIES						\$					
	Н	CRIME											
								\$					
	TYPE OF POLICY							\$					
	BOILER & MACHINERY /		HINERY /					\$					
	Н	EQUIPMENT BR						\$					
								\$					
								\$					
SPE	SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CE	RTIF	ICATE HOLI			CANCELLAT	TION							
		1512 Cres	sociation Man cent Drive, So , TX 75006	nagement, L.P. uite 112	THE EXPIRA 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.							
						AUTHORIZED REPRESENTATIVE (Nickey Right)							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/24/2024

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.

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).												
PRODUCER Community Insurance Agency, LLC							CONTACT William Rinker					
		8105 Rasor Blvd., Suite 223			PHONE (A/C, No, Ext): 972-737-6292 FAX (A/C, No): 972-767-0920							
		Plano TX 75024				(A/C, No, Ext): 972-737-0292 (A/C, No): 972-767-0920 E-MAIL ADDRESS: PLZ.certificates@usi.com						
						INSURER(S) AFFORDING COVERAGE INSURER A: United States Liability Insurance Company					NAIC#	
INSURED Hickory Waterview Estates HOA, Inc.							INSURER B. Philadelphia Indemnity Insurance Company					
		c/o Essex Association Manager										
		1512 Crescent Drive, Suite 112					INSURER C:					
		Carrollton TX 75006				INSURER D :						
							INSURER E :					
COVERAGES CERTIFICATE NUMBER.						INSURER F : DEVISION NUMBED.						
COVERAGES CERTIFICATE 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									ICY PERIOD			
I۱	IDICA ⁻	TED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TO \	WHICH THIS	
		ICATE MAY BE ISSUED OR MAY F SIONS AND CONDITIONS OF SUCH F								O ALL T	THE TERMS,	
INSR LTR			ADDLISUBR			DLLINI	POLICY FEE POLICY EXP					
A		COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER NPP1633364		(MM/DD/YYYY) 6/21/2024	(MM/DD/YYYY) 6/15/2025	4 000 000		000	
^	+		Ш	Ш	MPP1633364		0/21/2024 6/15/2025		DAMAGE TO RENTED 400		00,000	
	\vdash	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	· ·	5,000	
	H-								MED EXP (Any one person)	\$. 1 00	00,000	
	Н.								PERSONAL & ADV INJURY		00,000	
		L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		•	
	H'	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000	
A		OTHER: DMOBILE LIABILITY			NPP1633364		6/21/2024	6/15/2025	COMBINED SINGLE LIMIT		00,000	
^	_	ANY AUTO			NFF 1033304		0/21/2024	0/13/2023	(Ea accident) BODILY INJURY (Per person)	\$ 1,00	70,000	
	Н,	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	 	UMBRELLA LIAB OCCUR										
	Н	EVOCAGE							EACH OCCURRENCE	\$		
	\vdash	CLAIIVIS-IVIADE							AGGREGATE	\$		
		DED RETENTION \$ KERS COMPENSATION							PER OTH- STATUTE ER	\$		
	AND E	MPLOYERS' LIABILITY Y/N		Ш						_		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$ \$		
В		RIPTION OF OPERATIONS below ctors & Officers Liability		PCAP008443-0718			6/15/2024	6/15/2025	E.L. DISEASE - POLICY LIMIT \$ Limit of Liability: \$1,000		.000	
	Direc	tors & Officers Liability			1 OAI 000443-07 10		0/13/2024	0/13/2023	Retention:		500	
DES	CRIPTIC	ON OF OPERATIONS / LOCATIONS / VEHICL	FS (4	ACORI	101 Additional Remarks Schedu	le may h	e attached if mor	e snace is require	ed)			
"	OKII IIK	SN OF OF ENAMIONS / ESCATIONS / VEHICL	(,	-COINE	7 101, Additional Nemarks Schedu	ic, illay b	e attached il illor	e apace ia require	eu)			
CERTIFICATE LIGHTER												
	CERTIFICATE HOLDER						CANCELLATION					
Essex Association Management, L.P.							OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCELL	ED BEFORE	
ı		escent Drive, Suite 112				THE	EXPIRATION	N DATE THE	EREOF, NOTICE WILL E			
Carrollton, TX 75006							ACCORDANCE WITH THE POLICY PROVISIONS.					
						AUTHORIZED REPRESENTATIVE						
						William Riber						