



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/08/2024

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 Symphony Risk Solutions, LLC 2425 N Central Expy Suite 900 Richardson TX 75080		CONTACT NAME: Sophia Jones PHONE (A/C, No, Ext): (972) 864-0400 E-MAIL ADDRESS: sjones@symphonyrisk.com FAX (A/C, No): (972) 278-8400																						
INSURED Windhaven Crossing Townhome Owners Association, Inc. % Essex Association Management 1512 Crescent Dr. Ste 112 Carrollton TX 75006		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>The Princeton Excess & Surplus Lines Ins Co</td> <td>10786</td> </tr> <tr> <td>INSURER B:</td> <td>Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER C:</td> <td>Philadelphia Indemnity Ins Co</td> <td>18058</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	The Princeton Excess & Surplus Lines Ins Co	10786	INSURER B:	Greenwich Insurance Company	22322	INSURER C:	Philadelphia Indemnity Ins Co	18058	INSURER D:			INSURER E:			INSURER F:		
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COVERAGES

CERTIFICATE NUMBER: 2024-2025

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"/> COMMERCIAL GENERAL LIABILITY			CAUC100202-4	04/08/2024	04/08/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> 358 Residential Townhomes						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Separation of Insureds						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ Unlimited
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
	OTHER:						Hired Non Owned Auto \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<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 type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			PPP7481646	04/08/2024	04/08/2025	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N					OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
C	Directors & Officers Liability			PCAP013797-0618	10/05/2023	10/05/2024	E.L. DISEASE - POLICY LIMIT \$
	Claims Made Policy Form						Aggregate Limit \$1,000,000
							Deductible \$1000
							Mgmt. Co. Included

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

CERTIFICATE HOLDER**CANCELLATION**

Insured's Copy - Coverage Confirmation

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

Michael C. Mason

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/08/2024

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	INSURER(S) AFFORDING COVERAGE	
INSURED Windhaven Crossing Townhome Owners Association, Inc. % Essex Association Management 1512 Crescent Dr. Ste 112 Carrollton TX 75006	INSURER A: The Princeton Excess & Surplus Lines Ins Co	10786
	INSURER B: Philadelphia Indemnity Ins Co	18058
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2024-2025 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
358 Units per statement of values on file with the insurance carrier located at Windhaven Crossing in Lewisville, TX Guaranteed Replacement Cost Applies; day NOC for Non-Pay; Property Coverage includes Exterior /Roof coverage and the finished surraces of perimeter & partition walls, floors & ceilings within the units. 10

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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	CAUC100202-4	04/08/2024	04/08/2025	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				BUILDING 25,000	BUSINESS INCOME	\$
	BROAD				CONTENTS	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL					RENTAL VALUE	\$
	EARTHQUAKE					<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 115,045,000
	WIND					BLANKET PERS PROP	\$
	FLOOD					BLANKET BLDG & PP	\$
<input checked="" type="checkbox"/> Wind/Hail	3% per bldg.		<input checked="" type="checkbox"/> Outdoor Property	\$ Included			
<input checked="" type="checkbox"/> NameStorm	4% per bldg.		<input checked="" type="checkbox"/> Ord Law Cov A,B,C	\$ Included			
<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$		
CAUSES OF LOSS					\$		
<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$		
					\$		
A	<input checked="" type="checkbox"/> CRIME	PCAC012137-0420	10/05/2023	10/05/2024	<input checked="" type="checkbox"/> Employee Theft	\$ 100,000	
	TYPE OF POLICY				Deductible \$250	\$	
					Mgmt. Co Included	\$	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	CAUC100202-4	04/08/2024	04/08/2025	<input checked="" type="checkbox"/> Equip. Breakdown	\$ Included	
						\$	
						\$	

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

CERTIFICATE HOLDER Insured's Copy - Coverage Confirmation	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.
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