

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 04/19/2022

c	ERT	IFICATE DOES	S NOT AFFIRM	A MATTER OF INFORMATI ATIVELY OR NEGATIVELY NSURANCE DOES NOT CO	AMEND, EX	TEND OR ALTER	THE COVERAGE A	١FF	ORDED BY THE	POLICIES		
				R, AND THE CERTIFICATE		CONTRACT BET	WEEN THE 1330	NG I	INSUKER(S), AU	THORIZEI	,	
PRO	DUCE	R				CONTACT Sophia Jones						
Sym	phor	ny Risk Solution	ns, LLC			PHONE (A/C, No, Ext): (972) 864-0400 FAX (A/C, No): (972) 278-8400						
242	5 N C	Central Expy				E-MAIL sjones@symphonyrisk.com						
Suit	e 900	C			PRODUCER (CUSTOMER ID:	PRODUCER 00018007 CUSTOMER ID:						
Rich	ards	on		TX	75080	INSURER(S) AFFORDING COVERAGE NAIC #						
INSU	RED					INSURER A : Pri						
Win	dhav	en Crossing Tov	wnhome Owners	Association, Inc.		INSURER B: Philadelphia Indemnity Ins Co						
% E	ssex	Association Ma	anagement			INSURER C :						
122	1 IH :	35E Ste 112				INSURER D :						
Car	ollto	n		TX	75006	INSURER E :						
						INSURER F :						
<u> </u>	/ER/	AGES		CERTIFICATE NUMBER:	2022-2023	5		RE\	ISION NUMBER			
264 Agr TH IN CI	Units eed / IIS IS DICA	s per statement Amt. Property C TO CERTIFY T TED. NOTWITH FICATE MAY BE	of values on file overage is as init HAT THE POLICIE ISTANDING ANY I ISSUED OR MAY	COPERTY (Attach ACORD 101, Add with the insurance carrier loca tially installed in accordance w ES OF INSURANCE LISTED BE REQUIREMENT, TERM OR COI PERTAIN, THE INSURANCE A	ted at Windha vith association LOW HAVE BE NDITION OF AI FFORDED BY	iven Crossing Townh n's original plans and EEN ISSUED TO THE NY CONTRACT OR O THE POLICIES DESO	ome Owners Associ I specifications or like INSURED NAMED AI OTHER DOCUMENT N CRIBED HEREIN IS S	e kin BOV MIT⊦	d. NO improvemer E FOR THE POLIC ¹ I RESPECT TO WH	Y PERIOD ICH THIS	ments Coverage	
	CLU	ISIONS AND CO	NDITIONS OF SU	CH POLICIES. LIMITS SHOWN	MAY HAVE BE	EEN REDUCED BY P.						
INSR LTR		TYPE OF IN	SURANCE	POLICY NUMBER	1	DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERT	Y	LIMITS	
	×	PROPERTY							BUILDING	\$		
	CAU	ISES OF LOSS	DEDUCTIBLES						PERSONAL PROPER	RTY \$		
		BASIC	BUILDING	7					BUSINESS INCOME	\$	\$	
		BROAD 10,000 CONTENTS SPECIAL EARTHQUAKE		-					EXTRA EXPENSE	\$		
	X								RENTAL VALUE	\$		
						04/08/2022	04/08/2022	X	BLANKET BUILDING	\$ 79	9,915,000	
A	WIND			- CAUC100202-2		04/00/2022	04/08/2023		BLANKET PERS PROP			
		FLOOD		_					BLANKET BLDG & P	P \$		
	X	Wind/Hail	2% per bldg	1				X	Outdoor Property		cluded	
								X	Ord Law Cov A,E	3,C <mark>s</mark> In	cluded	
	INLAND MARINE			TYPE OF POLICY						\$		
	CAUSES OF LOSS									\$		
	NAMED PERILS			POLICY NUMBER								
										\$		
								K Employee Theft			0,000	
в	TYPE OF POLICY			PCAC012137-0220		10/05/2021	10/05/2022	X	X Deductible \$250			
								X	Prop Mgmt Inclu	de s		
	X	BOILER & MACH	INERY /			0.4/00/0000		X	Equip. Breakdow		cluded	
A	BOILER & MACHINERY / EQUIPMENT BREAKDOWN		EAKDOWN	CAUC100202-2		04/08/2022	04/08/2023					
										\$ \$		
										\$ \$		
SPEC	IAL C	CONDITIONS / OTH	IER COVERAGES (A	ACORD 101, Additional Remarks Sc	hedule, may be a	attached if more space i	s required)			Ψ		
	דובי						CANCELLATION					
CERTIFICATE HOLDER						SHOULD ANY THE EXPIRAT ACCORDANC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
							Michael C. Marca					

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/19/2022

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 cert	ificate holder in lieu of such									
PRODUCER			CONTACT NAME: Sophia Jones								
Symphony Risk Solutions, LLC			PHONE (972) 864-0400 FAX (972) 278-8400								
2425 N Central Expy			E-MAIL ADDRESS: sjones@symphonyrisk.com								
Suite 900			INSURER(S) AFFORDING COVERAGE NAIC #								
Richardson		TX 75080	INSURER A : Princeton Excess								
INSURED			INSURER B: Greenwich Insurance Company								
Windhaven Crossing Townhome	Owners	Association, Inc.	INSURER C: Philadelphia Indemnity Ins Co								
% Essex Association Manageme	ent		INSURER D :								
1221 IH 35E Ste 112			INSURER E :								
Carrollton		TX 75006	INSURER F :								
COVERAGES CER	TIFICAT	E NUMBER: 2022-2023			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.											
INSR LTR TYPE OF INSURANCE	ADDL SUE	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
COMMERCIAL GENERAL LIABILITY						00,000					
CLAIMS-MADE 🗙 OCCUR						00,000					
264 Residential Townhomes					MED EXP (Any one person) \$ 5,00	00					
A Separation of Insureds		CAUC100202-2	04/08/2022	04/08/2023		00,000					
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ Unl						
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$ 1,00	00,000					
OTHER:					Hired Non Owned Auto \$ 1,00	00,000					
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)						
ANY AUTO					BODILY INJURY (Per person) \$						
OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per accident) \$						
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE \$						
					\$						
VIMBRELLA LIAB X OCCUR					EACH OCCURRENCE \$ 5,00	00,000					
B EXCESS LIAB CLAIMS-MADE		PPP7481646	04/08/2022	04/08/2023	AGGREGATE \$ 5,00	00,000					
DED RETENTION \$					s						
WORKERS COMPENSATION					PER OTH-						
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE											
OFFICER/MEMBER EXCLUDED?	N/A										
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$						
						00,000					
C Directors & Officers Liability Claims Made Policy Form		PCAP013797-0418	10/05/2021	10/05/2022	Deductible \$1000						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER CANCELLATION											
			CAROLLEATION								
Insured's Copy - Coverage Conf	irmation		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. Marcon								

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