



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/08/2025

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	INSURER(S) AFFORDING COVERAGE INSURER A: Westchester Surplus Lines Ins Co INSURER B: Greenwich Insurance Co. INSURER C: Philadelphia Indemnity Ins Co INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 2025-2026**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GLWF18322481 001	04/08/2025	04/08/2026	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<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:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ Included
	OTHER:						Hired Non Owned Auto	\$ Included
	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			UMB	04/08/2025	04/08/2026	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/>	N / A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
C	Directors & Officers Liability Claims Made Policy Form			PCAP013797-0718	10/05/2024	10/05/2025	Aggregate Limit Deductible \$1,000 Mgmt. Co. Included	\$1,000,000

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

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/08/2025

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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 PRODUCER CUSTOMER ID: 00018007	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	INSURER(S) AFFORDING COVERAGE INSURER A: Third Coast Insurance Co./ Homeland Insurance Co. INSURER B: Philadelphia Indemnity Ins Co INSURER C: Homeland Insurance Company of New York INSURER D: INSURER E: INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** 2025-2026 **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 100% Estimated Replacement Cost Applies; 10 day NOC for Non-Pay; Structure Coverage Only no interior or improvements or betterments included. Owners need HO6 Walls in Coverage

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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	SUM4-002449-25 / 795029335	04/08/2025	04/08/2026		
	CAUSES OF LOSS				BUILDING	\$
					PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE				<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 105,251,348
	<input type="checkbox"/> WIND				BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Wind/Hail				<input checked="" type="checkbox"/> Misc. Outdoor Prop	\$ 831,500
					<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				\$
						\$
B	<input checked="" type="checkbox"/> CRIME	PCAC012137-0520	10/05/2024	10/05/2025	<input checked="" type="checkbox"/> Empl. Dishonesty	\$ 100,000
	TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible \$250	\$
	Fidelity/Employee Dishonesty				<input checked="" type="checkbox"/> Mgmt. Co. Included	\$
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	SUM4-002449-25 / 795029335	04/08/2025	04/08/2026	<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. AUTHORIZED REPRESENTATIVE 
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