

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/09/2021

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

| | | ROGATION IS WAIVED, subject to ertificate does not confer rights to | | | • | • | • | may require | an endorsement. A state | ement o | on | |
|---|---------|--|-------|-------------|-----------------|--|----------------------------|----------------------------|--|--------------------|--------|--|
| | DUCE | | | | | CONTACT Sonhia lones | | | | | | |
| | | ver-Max Insurance | | | | NAME: | | | | | | |
| | • | 495429 | | | | (A/C, NO). | | | | | | |
| 1.0 | DUX | T30723 | | | | ADDRESS: sophia.jones@davis-dyer-max.com | | | | | | |
| Gar | land | | | | TX 75049 | INSURER(S) AFFORDING COVERAGE | | | | | NAIC # | |
| INSU | | | | | 17 73049 | INSURE | C | ch Insurance C | <u>``</u> | | | |
| | KLD | Windhaven Crossing Townhome | Own | ers As | ssociation Inc | INSURE | Di la data | hia Indemnity | | | | |
| | | % Vision Communities Manager | | 010710 | iooolation, mo. | INSURE | | Tha madrinity | | | | |
| | | 5757 Alpha Rd. #680 Essex A | | iation | Managment L.P | INSURE | | | | | | |
| | | DALLAS | | | TX 75240 | INSURE | | | | | | |
| | /ED | | TIFIC | ATE | | INSURE | RF: | | DEVICION NUMBER. | | | |
| _ | | | | | TO MBEILL | IGGLIER | TO THE INIGHE | | REVISION NUMBER: | IOD | | |
| 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 | | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | |
| | × | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ 1,00 | 0,000 | |
| | | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | _{\$} 1,00 | 0,000 | |
| | × | 246 Residential Townhomes | | | | | | | MED EXP (Any one person) | \$ 5,00 | 0 | |
| Α | × | Separation of Insureds | | | CAUC100202-1-0 | | 04/08/2021 | 04/08/2022 | PERSONAL & ADV INJURY | \$ 1,00 | 0,000 | |
| | GEN | I'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | s Unlii | mited | |
| | | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ 1,00 | 0,000 | |
| | | OTHER: | | | | | | | Hired Non Owned Auto | \$ 1,00 | 0,000 | |
| | AUT | OMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | |
| | | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | | HIRED NON-OWNED | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | | |
| | × | UMBRELLA LIAB X OCCUR | | | | | | | EACH OCCURRENCE | \$ 5,00 | 0,000 | |
| В | É | EXCESS LIAB CLAIMS-MADE | | | PPP7466563 | | 10/05/2020 | 10/05/2021 | AGGREGATE | Ψ | 0,000 | |
| | | DED RETENTION \$ | | | | | | | AGGREGATE | \$ | | |
| | | KERS COMPENSATION | | | | | | | PER OTH- STATUTE ER | φ | | |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | | E.L. EACH ACCIDENT | \$ | | |
| | | | N/A | | | | | | | \$ | | |
| | | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| | DESC | CRIPTION OF OPERATIONS DEIOW | | | | | | | E.L. DISEASE - POLICY LIMIT Limit | | 0,000 | |
| С | Dire | ectors & Officers Liability PCAP013797-0318 | | | | 10/05/2020 | 10/05/2021 | Deductible \$1000 | , | -, | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | | | |
| | · T. C. | ICATE HOLDED | | | | 04110 | CLIATION | | | | | |
| CEI | KIIFI | CATE HOLDER | | | 1 | CANCELLATION | | | | | | |
| | | Insured's Copy | | | | 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 | | | | | | |
| | | | | | | | Larry T. Hughotan | | | | | |



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 04/09/2021

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| REFRESENTATIVE ON PRODUCER, AND THE CERTIFICATE HOLDER. | | | | | | | |
|---|----|-------|---|---------|--|--|--|
| PRODUCER | | | CONTACT Sophia Jones | | | | |
| Davis-Dyer-Max Insurance | | | PHONE (972) 864-0400 FAX (A/C, No, Ext): (972) 27 | 78-8400 | | | |
| P.O. Box 495429 | | | E-MAIL sophia.jones@davis-dyer-max.com | | | | |
| | | | PRODUCER 00018007 CUSTOMER ID: | | | | |
| Garland | TX | 75049 | INSURER(S) AFFORDING COVERAGE | NAIC# | | | |
| INSURED | | | INSURER A: Princeton Excess | | | | |
| Windhaven Crossing Townhome Owners Association, Inc. | | | INSURER B: Liberty Insurance Underwriters | | | | |
| % Vision Communities Management | | | INSURER C: Lloyd's of London | | | | |
| 5757 Alpha Rd. #680 | | | INSURER D: | | | | |
| DALLAS | TX | 75240 | INSURER E : | | | | |
| | | | INSURER F: | | | | |
| | | | | | | | |

COVERAGES CERTIFICATE NUMBER: 2021-2022 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

246 Units per statement of values on file with the insurance carrier located at Windhaven Crossing Townhome Owners Association in Lewisville, TX Agreed Amt.

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.

| NSR LTR | | | | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | | COVERED PROPERTY | LIMITS | |
|------------|--|------------|--------------------|-------------------|---------------------------------------|-------------------------------------|---|---------------------|---------------|--|
| | × | PROPERTY | | | | | × | BUILDING | \$ 65,165,000 | |
| Α | CAUSES OF LOSS DEDUCTIBLES | | DEDUCTIBLES | | | | | PERSONAL PROPERTY | \$ | |
| | BASIC BUILDING 10,000 CONTENTS | | BUILDING 10,000 | | | | | BUSINESS INCOME | \$ | |
| | | | 1 ' | - | | | | EXTRA EXPENSE | \$ | |
| | × | SPECIAL | | | 04/08/2021 | 04/08/2022 | | RENTAL VALUE | \$ | |
| | | EARTHQUAKE | | CAUC100202-1-0 | | | | BLANKET BUILDING | \$ | |
| | × | WIND | 2% per bldg | - CAUC 100202-1-0 | | | | BLANKET PERS PROP | \$ | |
| | | FLOOD | | | | | | BLANKET BLDG & PP | \$ | |
| | × | Hail | 2% per bldg | 1 | | | × | Outdoor Property | \$ Included | |
| | | | | | | | × | Ord. Law A,B,C | \$ Incuded | |
| | INLAND MARINE | | | TYPE OF POLICY | | | | | \$ | |
| | CAUSES OF LOSS NAMED PERILS | | | | | | | | \$ | |
| | | | | POLICY NUMBER | 1 | | | | \$ | |
| | | | | | | | | | \$ | |
| | CRIME | | | | | | × | Employee Theft | \$ 100,000 | |
| В | TYPE OF POLICY | | | PCAC012137-0120 | 10/05/2020 | 10/05/2021 | × | Deductible \$250 | \$ | |
| | | | | | | | × | Prop Mgmt Include | \$ | |
| Α | BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | CAUC100202-1-0 | 04/08/2021 | 04/08/2022 | × | Equip. Breakdown | \$ Included | |
| А | | | | GAUG100202-1-0 | 04/00/2021 | 04/00/2022 | | 1 | \$ | |
| С | Wind Hail Deductible Buy Back | | | 20N3157500482 | 11/11/2020 | 10/05/2021 | × | Deductible \$25,000 | \$ | |
| C | | | | 2011313/300402 | 11/11/2020 | 10/05/2021 | | 1 | \$ | |

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

| CERTIFICATE HOLDER | CANCELLATION | | | | | |
|--------------------|--|--|--|--|--|--|
| Insured's Copy | 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 | | | | | |
| | Sarry T. Hughother | | | | | |

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