



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/10/2023

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).

<b>PRODUCER</b> Symphony Risk Solutions, LLC 2425 N Central Expy Suite 900 Richardson TX 75080		<b>CONTACT NAME:</b> Sophia Jones <b>PHONE (A/C, No, Ext):</b> (972) 864-0400 <b>E-MAIL ADDRESS:</b> sjones@symphonyrisk.com <b>FAX (A/C, No):</b> (972) 278-8400	
<b>INSURED</b> Windhaven Crossing Townhome Owners Association, Inc. % Essex Association Management 1512 Crescent Dr. Ste 112 Carrollton TX 75006		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Princeton Excess <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> Philadelphia Indemnity Ins Co <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 2023-2024

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			CAUC100202-2	04/08/2022	04/08/2023	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"/> 298 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 OTHER:						GENERAL AGGREGATE \$ Unlimited
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
	OTHER:						Hired Non Owned Auto \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>						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	04/08/2023	04/08/2024	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 \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	Directors & Officers Liability			PCAP013797-0518	10/05/2022	10/05/2023	Limit 1,000,000
	Claims Made Policy Form						Deductible \$1000

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)  
04/10/2023

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<b>PRODUCER</b> Symphony Risk Solutions, LLC 2425 N Central Expy Suite 900 Richardson TX 75080		<b>CONTACT NAME:</b> Sophia Jones	
		<b>PHONE (A/C, No, Ext):</b> (972) 864-0400	<b>FAX (A/C, No):</b> (972) 278-8400
		<b>E-MAIL ADDRESS:</b> sjones@symphonyrisk.com	
		<b>PRODUCER CUSTOMER ID:</b> 00018007	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Windhaven Crossing Townhome Owners Association, Inc. % Essex Association Management 1512 Crescent Dr. Ste 112 Carrollton TX 75006		<b>INSURER A:</b> Princeton Excess	
		<b>INSURER B:</b> Philadelphia Indemnity Ins Co	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** 2023-2024                      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
298 Units per statement of values on file with the insurance carrier located at Windhaven Crossing Townhome Owners Association in Lewisville, TX  
Agreed Amt. Property Coverage is as initially installed in accordance with association's original plans and specifications or like kind. NO improvements & Betterments 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"/> <b>PROPERTY</b>	CAUC100202-3	04/08/2023	04/08/2024	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				BUILDING 10,000	BUSINESS INCOME	\$
	BROAD				CONTENTS	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> <b>SPECIAL</b>					RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$ 97,970,000	
	WIND				BLANKET PERS PROP	\$	
	FLOOD				BLANKET BLDG & PP	\$	
<input checked="" type="checkbox"/> Wind/Hail	2% per bldg	<input checked="" type="checkbox"/> Outdoor Property	\$ Included				
		<input checked="" type="checkbox"/> Ord Law Cov A,B,C	\$ Included				
	<b>INLAND MARINE</b>	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	NAMED PERILS	POLICY NUMBER				\$	
B	<input checked="" type="checkbox"/> <b>CRIME</b>	PCAC012137-0320	10/05/2022	10/05/2023	Employee Theft	\$ 100,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible \$250	\$	
A	<input checked="" type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>	CAUC100202-3	04/08/2023	04/08/2024	<input checked="" type="checkbox"/> Mgmt Co. Included	\$	
					<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**                      **CANCELLATION**

Insured's Copy - Coverage Confirmation	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Michael C. Mason</i></p>