

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 08/18/2023

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).							
PRODUCER	CONTACT Sophia Jones						
Symphony Risk Solutions, LLC			PHONE (A/C, No, Ext): (972) 864-0400 FAX (A/C, No): (972) 278-8400				
2425 N Central Expy			E-MAIL ADDRESS: sjones@symphonyrisk.com				
Suite 900			INSURER(S) AFFORDING COVERAGE NAIC #				
Richardson TX 75080			Dringsstern Funges				
INSURED							
Windhaven Crossing Townhome Owners Association, Inc.			INSURER C: Philadelphia Indemnity Ins Co				
% Essex Association Management			INSURER D :				
1512 Crescent Dr. Ste 112			INSURER E :				
Carrollton TX 75006			INSURER F :				
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 SUB	POLICY NUMBER	POLICY EFF (MM/DD/YYY)		LIMITS		
						00,000	
CLAIMS-MADE 🗙 OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,0	00,000	
356 Residential Townhomes					MED EXP (Any one person) \$ 5,0	00	
A Separation of Insureds		CAUC100202-3	04/08/2023	3 04/08/2024	10	00,000	
					10	00,000	
OTHER:						00,000	
					COMBINED SINGLE LIMIT (Ea accident)		
ANY AUTO					BODILY INJURY (Per person) \$		
OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident) \$		
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$		
					\$		
					EACH OCCURRENCE \$ 5,0	00,000	
		PPP7481646	04/08/2023	3 04/08/2024		00,000	
CLAINIS-MADE							
DED RETENTION \$					PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY Y / N					STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$		
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$		
Directors & Officers Liability					Limit 1,0	00,000	
C Claims Made Policy Form		PCAP013797-0618	10/05/2023	3 10/05/2024	Deductible \$1000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
CERTIFICATE HOLDER CA				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. Marcon						

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