

KDREIER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/15/2022

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

tł	nis certificate does not confer rights to	the	cert	ificate holder in lieu of su	ich end	lorsement(s)						
PRO	DUCER				CONTA NAME:	^{C⊤} Karla Dre	eier-Gligoo	r				
Dexter & Company of Central Texas, Inc. 4030 Highway 6 S. Ste. 310						PHONE (A/C, No, Ext): (979) 764-8444 FAX (A/C, No): (979) 6						
Col	lege Station, TX 77845				E-MAIL ADDRE	ss: kdreier@	dextercon	npany.com				
•						INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURE			ility Insuranc	e Group		25895	
INSURED						INSURER B:						
Oak Haven Community Associ					INSURER C:							
	c/o Brazos Valley Property N 903 Texas Ave S	Management				INSURER D : INSURER E :						
	College Station, TX 77840											
	,					INSURER F:						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NU	MBER:		'	
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TC	WHICH THIS	
INSR LTR	INSR						POLICY EXP (MM/DD/YYYY)		LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	INSD	SUBR WVD			(INIIVI/DD/1111)	(INIM/DD/1111)	EACH OCCURREN		s	1,000,000	
	CLAIMS-MADE X OCCUR			NPP1609595		3/14/2022	3/14/2023	DAMAGE TO RENTED		\$	100,000	
								MED EXP (Any one person)		\$	5,000	
								PERSONAL & ADV	•	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COM		\$	2,000,000	
	OTHER:								.,	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	•	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
	ACTOC CINET							(* 51 51515111)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
		N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE		\$	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
Α	Directors & Officers			NPP1609595		3/14/2022	3/14/2023	Per Claim			1,000,000	
Exc 10 D	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL PROPERTIONS / VEHICL PROPERT	Brya nce, S	an, T) Separ	77802. ration of Insureds applies	as if ead	ch Named Ins y other reaso	ured were th		nsured.			
CE	RTIFICATE HOLDER				CANO	ELLATION						
Association Certificate of Insurance						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHO	RIZED REPRESE	NTATIVE					