

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/13/2022

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

tł	is certificate does not confer rights to the	e certi	ficate holder in lieu of su		nent(s).						
PRODUCER Service Insurance Group, Inc.					CONTACT Susan Einkauf						
	PO Box 5753			PHONE (A/C, No, Ext):	(979)	774-3900		FAX (A/C, No):(97	79)774-3955		
	3840 Corporate Center Dr			È-MÁIL ADDRESS:	susan	@serviceir	nsgroup.com				
	Bryan		TX 77805-5753		INSL	JRER(S) AFFORI	DING COVERAGE		NAIC #		
				INSURER A : A	CE Fir	re Underwr	riters				
INSURED			INSURER B: Cincinnati Insurance Companies					10677			
Fox Meadows Homeowners			sociation	INSURER C:							
	c/o Beal Properties	1.5		INSURER D :							
	3363 University Dr E Ste 2	15	TDX 77000	INSURER E :							
	Bryan		TX 77802-	INSURER F:							
COVERAGES CERTIFICA						F	REVISION NUM	BER:	l		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD								Y 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.										٥,	
INSR LTR	ADD	LSUBR			CY EFF	POLICY EXP		LIMITS			
В	X COMMERCIAL GENERAL LIABILITY	D WVD				(MM/DD/YYYY)	EAGU GOOUDDENO		1,000,000		
ъ	CLAIMS-MADE X OCCUR		ENP0650458	04/1	1/2022C		EACH OCCURRENCE DAMAGE TO RENTE	D I	100,000		
	CLAIMS-MADE 21 OCCUR						PREMISES (Ea occur	101100/	5,000		
							MED EXP (Any one p		1,000,000	_	
							PERSONAL & ADV IN		2,000,000	_	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGA			_	
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/		2,000,000	_	
	OTHER:						COMBINED SINGLE	LIMIT \$		$\dashv$	
	AUTOMOBILE LIABILITY						(Ea accident)	2			
	ANY AUTO OWNED SCHEDULED					-	BODILY INJURY (Per	· /			
	AUTOS ONLY AUTOS NON-OWNED					<u> </u>	BODILY INJURY (Per PROPERTY DAMAGE				
	AUTOS ONLY AUTOS ONLY						(Per accident)	Ψ		-	
								\$		$\dashv$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENC	E \$			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		-	
	DED RETENTION \$						PER	OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N						STATUTE	ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		Δ .					E.L. EACH ACCIDEN	T \$		_	
	(Mandatory in NH)						E.L. DISEASE - EA E	MPLOYEE \$		_	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLI				
A	Directors & Officers w/EPLI;		ADOTXF165807272	04/11	1/20220	)4/11/2023 I	Each Claim/Agg	gregate	\$1,000,000		
	Full Prior Acts										
										_	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER					CANCELLATION No holders						
				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  Recommendation						