

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/24/2024

								06/	/24/2024	
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).										
CONTACT										
Service insurance Group, Inc.					PHONE (070)774 2000 FAX (070)774 2055					
PO Box 5753										
3840 Corporate Center Dr				E-MAIL ADDRESS: adriana@serviceinsgroup.com						
Bryan TX 77805-5753			INSURER(S) AFFORDING COVERAGE NAIC #							
				INSURER A : Cincinnati Insurance Companies 10677						
INSURED					INSURER B :					
Fox Meadows Homeowners Association					INSURER C :					
c/o Beal Properties				INSURER D :						
3363 University Dr E Ste 215			TX 77000	INSURER E :						
	Bryan	TX 77802-	INSURER F :							
0.0	VERAGES CERT			INSURER F :			REVISION NUMBER	1	<u></u>	
COVERAGES CERTIFICATE NUMBER: 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.										
INSF		ADDL SUBR	POLICY NUMBER	PC (MN	DLICY EFF //DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	MITS		
A	X COMMERCIAL GENERAL LIABILITY		ENP0650458			04/11/2025			,000,000	
	CLAIMS-MADE X OCCUR		2111 0050 150	0 1/	11/2021	0 1/ 1 1/ 2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
							MED EXP (Any one person)	s	5,000	
							PERSONAL & ADV INJURY		,000,000	
									2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE			
							PRODUCTS - COMP/OP AG		2,000,000	
	OTHER:						COMBINED SINGLE LIMIT	\$		
							(Ea accident)	\$		
							BODILY INJURY (Per persor			
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accide	nt) \$		
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION						PER OTH STATUTE ER	-		
	AND EMPLOYERS' LIABILITY							¢		
		N / A					E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOY			
р				0.4/	11/2024	04/11/2025	E.L. DISEASE - POLICY LIM			
В	Directors & Officers w/EPLI;		EMO0711997	04/	11/2024	04/11/2025	Each Claim/Aggrega	te \$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 Recorder Africa						
							- unit		-	
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