

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

									—	12/	/09/2024	
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).												
PRODUCER Service Insurance Group, Inc. PO Box 5753						CONTACT Kacey Bourke						
3840 Corporate Center Dr Bryan				(A/C, No, Ext): (9/9)//4-3900 (A/C, No):(9/9)//4-3955 E-MAIL ADDRESS: kacey@serviceinsgroup.com					/ 14-3933			
				TX 77805-5753						1		
				IA //00 <i>J</i> - <i>J</i> / <i>J</i>	INSURER(S) AFFORDING COVERAGE					NAIC #		
INSURED						INSURER A: The Cincinnati Insurance Company				10677		
Woodsman Condo Owners Associa					ciation	INSURER B: Accredited Surety & Casualty Co						
c/o Century 21 Beal					INSURER C :							
3363 University Dr E Ste 21			e 21				INSURER D :					
Bryan					TX 77802-	INSURER E :						
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 Image: Content of 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.												
		TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;		
B	X	COMMERCIAL GENERAL LIABILITY		VV VIJ	1-HNY-TX-01-01527154				EACH OCCURRENCE		,000,000	
<b>_</b>		CLAIMS-MADE X OCCUR					10/01/2021	10/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$ 1	,000,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2	,000,000	
									PRODUCTS - COMP/OP AGG	\$ 2	.000.000	
										\$	**-	
	AU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$								\$		
		RKERS COMPENSATION							PER OTH- STATUTE ER			
	ANY		N/A						E.L. EACH ACCIDENT	\$		
	(Mar	ICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$		
	DES	s, describe under CRIPTION OF OPERATIONS below								\$		
A	Di	irectors & Officers Liability			EMO 072 83 35		10/01/2024	10/01/2025	Each Claim		,000,000	
									Aggregate	\$1	,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CERTIFICATE HOLDER CANCELLATION AI 014											AI 014702	
Sample For Details, Please Contact Our Agency Phone 979-774-3900 Fax 979-774-3955							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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