

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/17/2023

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)

this certificate does not come rights to the certificate holder in fied of such endorsement(s).									
PRODUCER			CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	Taylor Keleman (979)774-3900 taylor@serviceinsgroup.com	FAX (A/C, No):(979)?	774-3955			
	Bryan	TX 77805-5753	7,001,000	INSURER(S) AFFORDING COVERAGE		NAIC#			
			INSURER A : $U$	nited States Liability Insurance	e Group	25895			
INSURED	Southwest Crossing Townhome c/o Beal Properties 3363 University Dr E Ste 215 Bryan	Association TX 77802-	INSURER B : INSURER C : INSURER D : INSURER E :	•	•				
	Di y uni	171 //002-	INSURER F:						

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 SLICH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

NSR TYPE OF INSURANCE   ADDL SUBR   POLICY EMMIDDITYTY   POLICY EMMIDDITYTY   (MM/DDYTYY)   MM/DDYTYY)   MM/DDYTYY   (MM/DDYTYY)   MM/DDYTYY   EACH OCCURRENCE   S   DAMAGE TO RENTED   PREMISES (Ea occurrence)   S   MED EXP (Any one person)   S   PERSONAL & ADV INJURY   S   GENERAL AGGREGATE   S   PRODUCTS - COMP/OP AGG   S   OTHER:   S   S   S   S   S   S   S   S   S	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
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(Mandatory in NH)  If yes, describe under	ANY PROPRIETOR/PARTNER/EXECUTIVE		N / A				E.L. EACH ACCIDENT	\$		
IT yes, describe under DESCRIPTION OF OPERATIONS below  E.L. DISEASE - POLICY LIMIT \$	(Mandatory in NH)		N/A				E.L. DISEASE - EA EMPLOYEE	\$		
							E.L. DISEASE - POLICY LIMIT	\$		
i										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

**CERTIFICATE HOLDER CANCELLATION** AI 000782

IA 50309-

WELLS FARGO HOME MTG. 800 Walnut St MAC F0005-022 Des Moines

ACCORDANCE WITH THE POLICY PROVISIONS.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

**AUTHORIZED REPRESENTATIVE**