

CEDTIEICATE OF LIABILITY INCLIDANCE

KDREIER DATE (MM/DD/YYYY)

PLAICON-01

	Ľ				٦DIL				1/	24/2022	
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).											
PRODUCER						CONTACT Karla Dreier-Gligoor					
Dexter & Company of Central Texas, Inc. 4030 Highway 6 S. Ste. 310 College Station, TX 77845						PHONE (A/C, No, Ext): (979) 764-8444 FAX (A/C, No): (979) 694-7603					
						E-MAIL ADDRESS: kdreier@dextercompany.com					
						INSURER(S) AFFORDING COVERAGE					
						INSURER A : Western World Insurance Company					
INSURED Plainsman Condominium Association 3818 Plainsman Lane Bryan, TX 77802					INSURER B :						
					INSURER C :						
					INSURER D :						
COVERAGES CERTIFICATE NUMBER:											
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.											
INSR LTR TYPE OF I	NSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
								EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MAE	DE X OCCUR			NPP872708 4		1/20/2022	1/20/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000 5,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
GEN'L AGGREGATE LI								GENERAL AGGREGATE	\$	Included	
	ст LOC							PRODUCTS - COMP/OP AGG	\$		
								COMBINED SINGLE LIMIT (Ea accident)	\$		
								BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	ľ		
HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
DED RETE	INTION \$							PER OTH-	\$		
AND EMPLOYERS' LIABILITY								STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N / A						E.L. EACH ACCIDENT	\$		
If yes, describe under								E.L. DISEASE - EA EMPLOYEE			
DÉSCRIPTION OF OPE	RATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Separation of Insureds - Except with respect to the Limits of insurance; applies as if each Named Insured were the only Named Insured.											
CERTIFICATE HOLDER					CANCELLATION						
Evidence 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.						
						AUTHORIZED REPRESENTATIVE					
ACORD 25 (2016/03)						© 1988-2015 ACORD CORPORATION. All rights reserved.					