

OAKHAVE-01

CERTIFICATE OF LIABILITY INSURANCE

KDREIER DATE (MM/DD/YYYY)

12/22/2023

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

th	is certificate does not confer rights to	o the	certi	iticate holder in lieu of su							
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						
						INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #	
						INSURER A: United States Liability Insurance Group				25895	
INSURED						INSURER B:					
Oak Haven Community Association c/o Beal Properties 3363 University Dr E, Ste 215 Bryan, TX 77802					INSURER C:						
					INSURER D:						
					INSURER E :						
• .						INSURER F:					
СО	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIE				HAVE B	EEN ISSUED	TO THE INSU			OLICY PERIOD	
١N	IDICATED. NOTWITHSTANDING ANY R	EQU	IREME	ENT, TERM OR CONDITIO	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RES	PECT TO	O WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH							ED HEREIN IS SUBJECT	TO ALL	_ IHE TERMS,	
NSR	TYPE OF INSURANCE	ADDI	SUBR WVD			POLICY EFF	POLICY EXP	LIN	MITS		
A A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		s s	1,000,000	
	CLAIMS-MADE X OCCUR			NPP1609595A		3/14/2023	3/14/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000	
	oz ume um zz 📈 eeeen			111110000000		3/14/2023	3/14/2024		\$	5,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC							GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AG			
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per person			
								BODILY INJURY (Per accider PROPERTY DAMAGE			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	WORKERS COMPENSATION 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 EMPLOY	<u>=</u> E \$		
_	DÉSCRIPTION OF OPERATIONS below Directors & Officers			NPP1609595A		3/14/2023	3/14/2024	E.L. DISEASE - POLICY LIMI Per Claim	T \$	1,000,000	
Α	Directors & Officers			NFF 1009393A		3/14/2023	3/14/2024	rei Ciaiiii		1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE erage applies to: 2801-2849 Oakside Dr	Bry	ACORD an, T)	D 101, Additional Remarks Schedu K 77802.	ıle, may b	e attached if mor	e space is requi	red)			
		-									
Exc	ept with respect to the Limits of Insurar	nce,	Separ	ration of Insureds applies	as if ea	ch Named Ins	sured were th	e only Named Insured.			
0 D	ay Notice of Cancellation due to Nonpa	yme	nt; 30	day Notice of Cancellation	n for an	y other reaso	n.				
CERTIFICATE HOLDER						CANCELLATION					
						QUALITY AND A THE ADOMED PROPRETS TO COMPANY AT THE STATE OF THE STATE					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Association Certificate of Insurance						ACCORDANCE WITH THE POLICY PROVISIONS.					