

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/9/2024

KDREIER

PLAICON-01

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVELY OF	R NEGATIVELY AMEND DOES NOT CONSTITU	, EXTEND OR AL	FER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights	ct to the	terms and conditions of	the policy, certain	policies may			
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 FAX (A/C, No): (979) 694-7603				
							NAIC #
			-		surance Company		13196
INSURED Plainsman Condominium Association 3818 Plainsman Lane Bryan, TX 77802			INSURER B :				
			INSURER C :				
			INSURER D :				
			INSURER E :				
			INSURER F :				
COVERAGES CEF	RTIFICATE	ENUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUIREMI PERTAIN, POLICIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TC	WHICH THIS
INSR TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
A X COMMERCIAL GENERAL LIABILITY		NPP8917080	1/20/2024	1/20/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 100,000
					MED EXP (Any one person)	\$	5,000
					PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	Included
					COMBINED SINGLE LIMIT	\$	
					(Ea accident)	\$	
ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per person)	\$	
					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
HIRED AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
						\$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE	\$	
					AGGREGATE	\$	
DED RETENTION \$ WORKERS COMPENSATION					PER OTH-	\$	
AND EMPLOYERS' LIABILITY					STATUTE ER	^	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A				E.L. EACH ACCIDENT	\$	
If ves, describe under					E.L. DISEASE - EA EMPLOYEE	\$	
DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Separation of Insureds - Except with respe		0 101, Additional Remarks Schedu	ule, may be attached if mo	re space is requi	red)		
Separation of Insureds - Except with respe	ct to the Li	mits of insurance; applies	as if each Named Ir	isured were t	he 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.						
ACORD 25 (2016/03)							
			U 19	00-2013 AC	UND CONFORMIUN. /	-in rig	nia reactiveu.