

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

									0/5/2023	
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).										
	oducer igginbotham Insurance Agency, Inc.		E: Michele Lane, CISR							
208 N. Bryan Ave.					(A/C, No, Ext): 817-349-2240 (A/C, No): 817-347-6981					
Bryan TX 77803					E-MAIL ADDRESS: mlane@higginbotham.net					
					INSURER(S) AFFORDING COVERAGE				NAIC #	
License#: 2081754					INSURER A : Wesco Insurance Company				25011	
INSURED CANDVIL-01					INSURER B :					
Candlelight Village Owners Assocation Inc					INSURER C :					
c/o Beal Properties 3363 University Drive East, Ste. 215					INSURER D :					
Bryan TX 77802										
					INSURER E :					
	OVERAGES CERTIFI	INSURE	INSURER F : REVISION NUMBER:							
			E NUMBER: 931283404							
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.										
INSF LTR	R TYPE OF INSURANCE ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5		
A			WPP1988805 01	_	10/1/2023	10/1/2024	EACH OCCURRENCE	\$ 1,000	,000	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00	
							MED EXP (Any one person)	\$ 5,000		
							PERSONAL & ADV INJURY	\$ 1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000		
	Y PRO-							• ,	,	
							PRODUCTS - COMP/OP AGG	\$2,000 \$,000	
A	OTHER:				10/1/2022	10/1/2024	COMBINED SINGLE LIMIT	\$ 1,000	000	
			WPP1988805 01		10/1/2023	10/1/2024	(Ea accident)		,000	
	ANY AUTO						BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$		
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION						PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT			
	BLOOKIF HON OF OFERATIONS DEIDW						E.E. DIOLAGE - FOLIOT LIWIT	Ψ		
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (101 Additional Remarks Sales del	lo movi-	o attached if man					
	oc 1: 2807 Wildflower Dr Bryan, Tx 77802	ACORD	101, Additional Remarks Schedu	ie, may b	e attached if more	e space is require	a)			
Buildings: 1-13										
CERTIFICATE HOLDER CANCELLATION										
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1	INFORMATION ONLY	АЛТНО	AUTHORIZED REPRESENTATIVE							
					Jame + + -					

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