ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

								_	3/2	20/2024		
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 Higginbetham Insurance Ageney Inc											
Higginbotham Insurance Agency, Inc.					PHONE (A/C, No, Ext): 817-349-2240 FAX (A/C, No): 817-347-6981							
208 N Bryan Ave., Suite 12 Bryan TX 77803-3274					E-MAIL ADDRESS: mlane@higginbotham.net							
bryan 17 17000-0214												
						INSURER(S) AFFORDING COVERAGE INSURER A : Wesco Insurance Company						
License#: 2081754 RIVERID-02							isurance Cor	npany		25011		
RIVERID-02 River Ridge Townhomes, A Condominum Homeowners Association,						RB:						
Inc			ionn.		INSURE	RC:						
	o Beal Properties				INSURE	RD:						
	63 University Drive East, Ste. 215				INSURE	RE:						
Bry	yan TX 77802				INSURE	RF:						
CO	VERAGES CERT	IFIC		NUMBER: 918989744				REVISION NUMBER:				
					/E BEE	N ISSUED TO			HE POL	ICY PERIOD		
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			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	ſ		
A	X COMMERCIAL GENERAL LIABILITY			WPP2011510 01		3/17/2024	3/17/2025	EACH OCCURRENCE	\$ 1,000	,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	,		
									\$ 10,00			
								MED EXP (Any one person)				
								PERSONAL & ADV INJURY	\$ 1,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	OCCOR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	DESCRIPTION OF OPERATIONS DEIOW							E.E. DIGEAGE TOEIGT EIMIT	Ψ			
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (A	CORD	101, Additional Remarks Schedul	le, may be	e attached if more	e space is require	ed)				
CE	RTIFICATE HOLDER			ELLATION								
INSUREDS COPY					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							
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Junite												

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