

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/06/2024

\$

5,000,000

5,000,000

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 fied of such endorsement(s).							
PRODUCER	Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	Kacey Bourke (979)774-3900 kacey@serviceinsgroup.com	FAX (A/C, No):(979)	774-3955	
	Bryan	TX 77805-5753		INSURER(S) AFFORDING COVERAGE		NAIC #	
			INSURER A: U	nited States Liability Insurance	ce Group	25895	
INSURED	Southwest Crossing Townhome Association c/o Beal Properties 3363 University Dr E Ste 215		INSURER B : INSURER C : INSURER D :	·			
	Bryan	TX 77802-	INSURER E :				
			INSURER F:				
COVEDAGES CERTIFICATE NUMBER:				PEVISION NUMBER:			

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

XL 1588786F

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. ADDL SUBR POLICY EFF POLICY EXP INSR LTR TYPE OF INSURANCE LIMITS INSD WVD POLICY NUMBER A X COMMERCIAL GENERAL LIABILITY 1,000,000 07/15/2024 07/15/2025 NPP1577145G EACH OCCURRENCE DAMAGE TO RENTED X OCCUR 100,000 CLAIMS-MADE PREMISES (Ea occurrence) 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE X | POLICY Included PRODUCTS - COMP/OP AGG \$ \$ OTHER COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$ 1,000,000 Α 07/15/2024 07/15/2025 NPP1577145G ANY AUTO BODILY INJURY (Per person) \$ OWNED SCHEDULED **BODILY INJURY (Per accident)** \$ AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER **CANCELLATION** AI 013834

Sample Certificate Only Contact Insurance Agency for Detailed Certificate Ofc # (979) 774-3900 Fax # (979) 774-3955

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

07/15/2024 |07/15/2025| EACH OCCURRENCE

AGGREGATE

PER STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

AUTHORIZED REPRESENTATIVE

Α X UMBRELLA LIAB

AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

(Mandatory in NH)

DED X RETENTION \$ WORKERS COMPENSATION

DÉSCRIPTION OF OPERATIONS below

EXCESS LIAB

 $X \hspace{-.1cm} \rfloor_{\, \text{OCCUR}}$

CLAIMS-MADE

N/A