

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/2/2024

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 | | | | | | CONTACT NAME: Arlette Kroll | | | | | | |
| Higginbotham Insurance Agency, Inc. 208 N Bryan Ave | | | | | | PHONE (A/C, No, Ext): 979-314-9524 FAX (A/C, No): 979-314-9524 | | | | | | |
| Suite 12 | | | | | | E-MAIL ADDRESS: AKroll@higginbotham.net | | | | | | |
| Bryan TX 77803 | | | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC# | |
| 2.001.001.2001.01 | | | | | | INSURER A: Philadelphia Indemnity Insurance Company | | | | | 18058 | |
| INSURED SADDCRE-02 | | | | | | INSURER B: | | | | | | |
| Saddle Creek Homeowners Association Inc. c/o Beal Properties | | | | | INSURER C: | | | | | | | |
| 3363 University Drive East, Ste. 215 | | | | | INSURER D: | | | | | | l | |
| Bryan TX 77802 | | | | | INSURER E : | | | | | | | |
| | | | | | INSURER F: | | | | | | | |
| COVERAGES CERTIFICATE NUMBER: 134357764 | | | | | REVISION NUMBER: | | | | | | | |
| 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 POLICY EFF POLICY EXP | | | | | | | | | | | | |
| LTR TYPE OF INSURANCE | | | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | LIMIT | S | | |
| A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | | | | PHPK2582896-010 | 7/25/2024 7/25 | | 7/25/2025 | EACH OCCURRENCE \$1,00 DAMAGE TO RENTED | | | , | |
| | CLAIMS-MADE A OCCUR | | | | | | PREMISES (Ea occurrence) MED EXP (Any one person) | | \$ 100,000 \$ 5,000 | | | |
| | | | | | | | PERSONAL & AD | / INJURY | \$ 1,000 | ,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$2,000 | | ,000 | | |
| | X POLICY PRO- LOC | | | | | | | PRODUCTS - CO | | \$2,000 | ,000 | |
| | OTHER: | | | | | | | COMBINED SING | C L IMIT | \$ | | |
| Α | | | | PHPK2582896-010 | 7/25/2024 | | 7/25/2025 | (Ea accident) | cident) \$ 1,000, | | ,000 | |
| | | ANY AUTO | | | | | | BODILY INJURY (Per person) \$ | | | | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (| , | \$ | | |
| | X HIRED X NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMA (Per accident) | AGE | \$ | | |
| | | | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRE | NCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | \$ | | |
| | DED RETENTION\$ | | | | | | | | | \$ | | |
| | WORKERS COMPENSATION | | | | | | | PER STATUTE | OTH- ER | | | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCID | | \$ | | |
| OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | | | | |
| | | | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | | | |
| | DESCRIPTION OF OPERATIONS BEIOW | | | | | | | L.L. DIOLAGE - I C | DEIOT EIIVIIT | Ψ | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (A | ACORD | 101, Additional Remarks Schedul | e, may be | attached if more | e space is require | ed) | | | | |
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| 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. | | | | | | | |
| Insured Copy | | | | | AUTHORIZED REPRESENTATIVE | | | | | | | |