

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/01/2023

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.

| | SUBROGATION IS WAIVED, subject to its certificate does not confer rights to | | | | | | may require | an endorsement. A state | ement | on | |
|--|---|-------------------------|---------------------------|---|--------------------|--|---|--|----------|--------|--|
| PRODUCER | | | | | | CONTACT AGENCY IS CSR | | | | | |
| Beal & Winn Insurance Agency, LLC | | | | | | PHONE (070) 268-1500 FAX (070) 9 | | | | | |
| 3207 Briarcrest Drive | | | | | | (A/C, No, Ext): (979) 200-1300 (A/C, No): (979) 040-1978 E-MAIL ADDRESS: | | | | | |
| | | | | | ADDRE | | SUPERIS) AFFOR | DING COVERAGE | | NAIC# | |
| Bryan TX 77802 | | | | | | INSURER(S) AFFORDING COVERAGE INSURER A: USLI | | | | | |
| INSURED | | | | | | INSURER B: American Risk Insurance Company | | | | | |
| Canyon Creek Owners Association, Inc. | | | | | | INSURER C : CNA | | | | | |
| c/o BVP Management, Inc | | | | | INSURER D : | | | | | | |
| 903 Texas Ave S | | | | | INSURER E : | | | | | | |
| College Station TX 77840 | | | | | INSURER F: | | | | | | |
| CO | | TIFIC | ΔTF | NUMBER: CL238111403 | INSURE | KF: | | REVISION NUMBER: | | | |
| TI IN C | IIS IS TO CERTIFY THAT THE POLICIES OF I IDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PO | NSUR REME AIN, TI | RANCE NT, TE HE INS | ELISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE | CONTRA E POLICI | ACT OR OTHER ES DESCRIBEI | RED NAMED AI DOCUMENT \ D HEREIN IS S | BOVE FOR THE POLICY PERI WITH RESPECT TO WHICH TI | HIS | | |
| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | S | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | , | , . , , | EACH OCCURRENCE | \$ 1,00 | 00,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | - | ,000 | |
| | | | | | | | | MED EXP (Any one person) | \$ 5,00 | 00 | |
| Α | | | | NPP1597136C | | 07/31/2023 | 07/31/2024 | PERSONAL & ADV INJURY | <u> </u> | 00,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 2,00 | 00,000 | |
| | POLICY PRO- LOC | | | | | | | PRODUCTS - COMP/OP AGG | <u> </u> | 00,000 | |
| | OTHER: | | | | | | | 11.050010 007017.00 | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | |
| | OWNED SCHEDULED AUTOS ONLY AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (i ei accident) | \$ | | |
| | ➤ UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ 5,00 | 00,000 | |
| Α | EXCESS LIAB CLAIMS-MADE | | | XL1630335A | | 07/31/2023 | 07/31/2024 | AGGREGATE | \$ 5,00 | 00,000 | |
| | DED RETENTION \$ | | | | | | | \$ | | | |
| | WORKERS COMPENSATION | | | | | | | PER OTH- STATUTE ER | * | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCIDENT | \$ | | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| | | | | | | | | BULIDINGS (total) | - | 96,080 | |
| B/C | PROPERTY CRIME & D&O | | | CF13914001 / 618917475 | | 07/31/2023 | 07/31/2024 | D&O | 1,00 | 00,000 | |
| | | | | | | | | CRIME | 100 | ,000 | |
| Mas | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE ster Policy - 71 units ,000 deductible. \$25k W&H deductible after | • | | | - | • | ace is required) | , | | | |
| _ | | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | | |
| Cornerstone Home Lending, Inc. Attention: Dale Scott | | | | | | 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 Dallas A. Win, CCC | | | | | |