

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/19/2025

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.

If S	SUBRO	NT: If the certificate holder is GATION IS WAIVED, subject to cate does not confer rights to	o the terr	ns and conditions of the	policy, certa	in polic	ies may requ				
PROD	UCER	Service Insurance Group		CONTACT Kacey Bourke PHONE (A/C, No, Ext): (979)774-3900 FAX (A/C, No): (979)774-3955							
		PO Box 5753									
		3840 Corporate Center I			È-MAIL ADDRESS:	ss: kacey@serviceinsgroup.com					
		Bryan		TX 77805-5753	INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURER A: United States Liability Insurance Group					25895	
INSURED					INSURER B :			· · · · · · · · · · · · · · · · · · ·			
	Copper Creek Condo Home Owners Association c/o Beal Properties			INSURER C:							
					INSURER D :						
	3363 University Dr E Ste 215		TV 77000	INSURER E :							
		Bryan		TX 77802-	INSURER F :						
COV	COVERAGES CERTIFICATE NUMBER:					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,											
		NS AND CONDITIONS OF SUCH F								- /	
INSR LTR		TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS							
Α	Х сом	IMERCIAL GENERAL LIABILITY		NPP1642163	02/1	7/2025	02/17/2026	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
L	_ _							MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADVINJURY	8	1 000 000	

LTR	TYPE OF INSURANCE	INSD WVI		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		NPP1642163	02/17/2025	02/17/2026	TREMIOEO (Ed Cocumenco)	\$ 1,000,000 \$ 100,000
						MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000 \$ 1,000,000 \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC OTHER:					GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$ Included \$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	DED RETENTION \$					AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					PER OTH- STATUTE ER	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE	\$
A	Directors & Officers		NPP1642163			Each Claim/Aggregate	\$1,000,000
A	Crime Policy		CR 1555705	02/17/2025	02/17/2026	Crime Limit	\$50,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101	, Additional Remarks Schedule, may be attached if more	e space is required)	
CERTIFICATE HOLDER	CANCELLATION		AI 014702
OEKTI TOATE TIGEDEK	GANGELLATION		711 014702

Sample For Details, Please Contact Our Agency Phone 979-774-3900 Fax 979-774-3955

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.

AUTHORIZED REPRESENTATIVE

