

**CTREJO** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2023

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.

College Station, TX 77845    INSURER (S) AFFORDING COVERAGE   NAIC # INSURER A : United States Liability Insurance Group   25895		SUBROGATION IS WAIVED, subjecting to subject the subject of the subject in the su							require an en	dorsemen	t. Ası	tatement on
### A030 Highway 6 S. Ste. 310 College Station, TX 77845  Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805  Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805  Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805  ### Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805  ### Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805  ### Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805  ### Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805  ### Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805  ### Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805  ### Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805  ### Brusurer c:  ### Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805  ### Brusurer c:  ### Brusurer c:  ### Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805  ### Brusurer c:  ### Brusurer c						CONTA NAME:	<sup>CT</sup> Carina B	arnes				
COILEGE Station, TX 77845    MSURER A: United States Liability Insurance Group   25895	Dex 403	ter & Company of Central Texas, Inc. 0 Highway 6 S. Ste. 310				(A/C, No	<sub>o, Ext):</sub> (9/9) /	764-8444		FAX (A/C, No):	(979)	764-7603
INSURED Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805  Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805  CERTIFICATE NUMBER: INSURER D: INSURER F: INSURE F: INSURER F: IN	Col	lege Station, TX 77845				E-MAIL ADDRE	<sub>ss:</sub> ctrejo@d	dextercomp	oany.com			
Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805    INSURER D :							INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
Briar Meadows Haven Owners Association PO Box 6835 Bryan, TX 77805    INSURER D :						INSURE	R A : United	States Liab	ility Insuran	ce Group		25895
PO Box 6835 Bryan, TX 77805    INSURER D :	INSU	JRED				INSURE	RB:					
Bryan, TX 77805    MISURER E :   INSURER E :   INSURE OR INSURER E :   INSURE OR INSURER E :   INSURE OR INS			rs A	ssoc	iation	INSURE	RC:					
COVERAGES  CERTIFICATE NUMBER:  INSURER F:  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.  CERTIFICATE MAY BE ISSUED OR MAY PEQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLUMENT 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.  INSURANCE  TYPE OF INSURANCE  ADDISUBRY  TYPE OF INSURANCE  ADDISUBRY  TYPE OF INSURANCE  ADDISUBRY  POLICY NUMBER  POLICY FER PO						INSURE	RD:					
COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICES 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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSER TYPE OF INSURANCE  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CHARLAGREGATE LIMIT APPLIES PER:  X POLICY PROC.  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED  AUTOS ONLY  AUTOS  BODIL'INJURY (Per person) S  BODIL'INJURY (Per person) S  BODIL'INJURY (Per accident) S  BODIL'INJURY (PER accident) S  BODIL		Bryan, 1X 77003				INSURE	RE:					
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.  A X COMMERCIAL GENERAL LIABILITY  CEALIMS-MADE X OCCUR  NPP1602108B  NPP1602108B  AUTOSONLY PRODUCT SCOMPIOP AGG S INCIUDED AUTOS ONLY AUTOS						INSURE	RF:					
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.    TYPE OF INSURANCE   NSB   POLICY NUMBER   POLICY EFF   ELL DISEASE - EAEMPLOYEE SELL DISEASE - POLICY EFF   ELL DISEASE - POLICY EFF   ELL DISEASE - POLICY EFF   POLICY EFF   POLICY EFF   POLICY EFF   POLICY EFF   ELL DISEASE - POLICY EFF   P												
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A COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  NPP1602108B  A/25/2023  A/25/2024	INSR	TYPE OF INCUPANCE				DEEN	POLICY EFF	POLICY EXP		LIMIT	·c	
NPP1602108B  4/25/2023  AV25/2024  NPP1602108B  4/25/2023  AV25/2024  NPP1602108B  4/25/2023  AV25/2024  NPP1602108B  4/25/2023  AV25/2024  AV2			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				1,000,000
GENL AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG \$ 1,000,000  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS O					NPP1602108B		4/25/2023	4/25/2024	DAMAGE TO REN PREMISES (Ea or	ITED ccurrence)	_	100,000
GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY  LIABILIA LIAB  CLAIMS-MADE  EXCESS LIAB  CLAIMS-MADE  DED  RETENTION \$  WORKERS COMPENSATION ANY ELL. EACH ACCIDENT ANY PROPRIETOR STATUTE  S  COMBINED SINGLE LIMIT (Ea accident) S  BODILY INJURY (Per person) S  BODILY INJURY (Per person) S  BODILY INJURY (Per accident) S  PROPERTY DAMAGE (Per accident) S  AGGREGATE S  WORKERS COMPENSATION ANY PROPRIETOR STATUTE ANY PROPRIETOR STATUTE STATUTE  ELL. EACH ACCIDENT S  ELL. DISEASE - EA EMPLOYEE S  ELL. DISEASE - POLICY LIMIT S									MED EXP (Any or	e person)	\$	<u> </u>
GENERAL AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCTS - COMP/OP AGG \$ Includ  S  AUTOMOBILE LIABILITY  ANY AUTO  OWNED  AUTOS ONLY  BEACH OCCURRENCE  S  AGGREGATE  AGGREGATE  S  AGGREGATE  AGGREGATE  S  AGGREGATE  AGGR									PERSONAL & AD	V INJURY	\$	, ,
OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY  BEACH OCCURRENCE  \$ AGGREGATE  \$ AGGREGATE  \$ AGGREGATE  \$ AGGREGATE  \$ AND PER DOTH- STATUTE  BELL EACH ACCIDENT  \$ E.L. EACH ACCIDENT  \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT  \$ E.L. DISEASE -												
ANY AUTO  ANY AUTO  OWNED  AUTOS ONLY  EACH OCCURRENCE  S  AGGREGATE  S  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RVIMEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  (Ea accident)  S  BODILY INJURY (Per person)  BODILY INJURY (Per person)  S  BODILY INJURY (									PRODUCTS - CO	MP/OP AGG	_	Included
OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY SCHEDULED AUTOS ONLY AUTOS ONLY SCHEDULED SCHEDULAR SCHEDULA		AUTOMOBILE LIABILITY								LE LIMIT	\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY S  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  PROPERTY DAMAGE (Per accident) \$  \$  EACH OCCURRENCE \$  AGGREGATE \$  AGGREGATE \$  PER OTH- STATUTE ER  E.L. EACH ACCIDENT \$  E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$									BODILY INJURY (	Per person)	\$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  \$ E.L. DISEASE - POLICY LIMIT \$									BODILY INJURY (	Per accident)	\$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  EACH OCCURRENCE \$  AGGREGATE \$  PER OTH- STATUTE ER  PIL. EACH ACCIDENT \$  E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAM (Per accident)	AGE	\$	
EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  AGGREGATE \$  \$  PER OTH- STATUTE ER  E.L. EACH ACCIDENT \$  E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$											\$	
WORKERS COMPENSATION \$  WORKERS COMPENSATION S  AND EMPLOYER'S LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below    DESCRIPTION OF OPERATIONS below		UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below    DESCRIPTION OF OPERATIONS below		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  E.L. DISEASE - POLICY LIMIT \$									l DED	OTU	\$	
ANY PROPRIETOR:PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  E.L. DISEASE - POLICY LIMIT \$		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE	ER		
If yes, describe under DESCRIPTION OF OPERATIONS below  E.L. DISEASE - POLICY LIMIT \$		ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCID	ENT	\$	
									E.L. DISEASE - E.	A EMPLOYEE	\$	
A Directors and Office NPP 1602 100B 4/25/2025 4/25/2024 Each Claim 1,000,0	_				NDD4602400D		4/2E/2022	4/2E/2024		OLICY LIMIT	\$	1 000 000
	А	Directors and Office			NFF 1002 100B		4/25/2025	4/25/2024	Each Claim			1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
	CE	RTIFICATE HOLDER				CANO	CELLATION					
CERTIFICATE HOLDER CANCELLATION		Certificate of Insurance				THE	EXPIRATION	N DATE TH	IEREOF, NOTI	CE WILL		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN							RIZED REPRESE	NTATIVE				