Ą	ć	ORD®	CEF	RTIFICATE OF P	ROPERTY	INSURA	NCE	DATE (MM/DD/YYYY) 1/9/2020					
CE BE	ERT	IFICATE DOE W. THIS CER	S NOT AFFIRMA TIFICATE OF IN	A MATTER OF INFORMATION ONL ITIVELY OR NEGATIVELY AMEND, SURANCE DOES NOT CONSTITU , AND THE CERTIFICATE HOLDER	, EXTEND OR ALTER TE A CONTRACT BET	THE COVERAGE	AFFORDED BY THE POI	LICIES					
li	f thi	s certificate is	being prepared	for a party who has an insurable	interest in the proper	ty, do not use this	s form. Use ACORD 27	or ACORD 28.					
PROD					CONTACT Mist								
		ough Medli Franite Pkw	n & Associat 77 #500	tes	PHONE (A/C, No, Ext): (2	214)423-3333	FAX (A/C, No)	(214)423-3350					
570	0 6	Tanice FKW	y, #300		DDODUOED	E-MAIL ADDRESS: Misti@scarbrough-medlin.com							
Pla	no		тх	75024	CUSTOMER ID:	PRODUCER 00012022 CUSTOMER ID:							
						INSURER(S) AFFOR	RDING COVERAGE	NAIC #					
INSUF Spr		field Lake	s HOA		INSURER A : Wes	sco Ins Co							
-	~		west Propert	ty Mgmt	INSURER B :	INSURER B :							
886	8 J	ohn Hickma	n Parkway #8	801	INSURER C :								
Fri	scc	•	тх	75034	INSURER D :								
					INSURER E :								
CO/	/ER	AGES		CERTIFICATE NUMBER:CP201			REVISION NUMBER:						
			ESCRIPTION OF PRO	PERTY (Attach ACORD 101, Additional Remar									
TH INI CE	IIS IS DICA	S TO CERTIFY T ATED. NOTWIT FICATE MAY BE	THAT THE POLICII HSTANDING ANY E ISSUED OR MAY	E Ridge Court Waxahachie : ES OF INSURANCE LISTED BELOW HA REQUIREMENT, TERM OR CONDITION 'PERTAIN, THE INSURANCE AFFORD ICH POLICIES. LIMITS SHOWN MAY H	AVE BEEN ISSUED TO T N OF ANY CONTRACT O ED BY THE POLICIES DE	R OTHER DOCUME	NT WITH RESPECT TO WH	IICH THIS					
		TYPE OF INS		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS					
	х	PROPERTY					BUILDING	\$					
	CAL	ISES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	\$					
		BASIC	BUILDING				BUSINESS INCOME	\$					
		BROAD	CONTENTS	-		2/4/2021	EXTRA EXPENSE	\$					
A	х	SPECIAL		WPP1844477 00	2/4/2020		RENTAL VALUE	\$					
	EARTHQUAKE WIND			-			BLANKET BUILDING	\$					
							BLANKET PERS PROP	\$					
		FLOOD		-			BLANKET BLDG & PP	\$					
	х	Deductible	1,000	4			X COMMON AREAS	\$ 125,					
	х	Wind/Hail Ded	2,500				X REPLACEMENT COST	\$					
		INLAND MARINE		TYPE OF POLICY				\$					
	CAL	ISES OF LOSS						\$					
		NAMED PERILS		POLICY NUMBER				\$					
		CRIME						\$					
	T)/F							\$					
	IYP	E OF POLICY						\$					
		BOILER & MACH	INERY /					\$					
		EQUIPMENT BRE					├ ─┤	\$ \$					
								\$					
								\$					
			ER COVERAGES (Att MMON AREAS	ach ACORD 101, Additional Remarks Schedul ONLY	le, if more space is required)								
CER	RTIF	ICATE HOLD	ER		CANCELLAT	ION							
	F F	or Inform or Inform	ation Only	**************************************	THE EXPIRAT	TION DATE THEREO	ESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVE Y PROVISIONS.						
					ROD MEDLIN,	MCINIS	DO N	Mll					
100	יפו	24 (2000/00)					رابعہ رابعہ ORD CORPORATION.	All rights record					
		(200909)	,	The ACORD name and I	logo are registered r	marks of ACORD		An rights reserve					

Ą	ć	ORD	CEF	RTIFICATE OF PR	OPERTY		١N	ICE [(MM/DD/YYYY) /9/2020				
CI BI	ERT ELO	IFICATE DOES W. THIS CER	S NOT AFFIRMA TIFICATE OF IN	MATTER OF INFORMATION ONLY A TIVELY OR NEGATIVELY AMEND, EX SURANCE DOES NOT CONSTITUTE A , AND THE CERTIFICATE HOLDER.	TEND OR ALTER	THE COVERAGE	AFF	ORDED BY THE POL	R. THI ICIES					
				for a party who has an insurable interview.	erest in the prope	rtv. do not use this	s foi	rm. Use ACORD 27 c	r ACO	RD 28.				
PROD			senig propulse	· · · · · · · · · · · · · · · · · · ·	CONTACT Mis									
		-	n & Associat	ces	PHONE (A/C, No, Ext): (214)423-3333		FAX (A/C, No):	(214)42	3-3350				
570	0 G	ranite Pkw	y, #500		E-MAIL ADDRESS: Mis	E-MAIL ADDRESS: Misti@scarbrough-medlin.com								
Pla	no		тх	75024	PRODUCER CUSTOMER ID:	1								
						NAIC #								
INSU Spr		field Lake	S HOA		INSURER A : Wes									
c/o	Le	gacy South	west Propert	y Mgmt	INSURER B :									
886	8 J	ohn Hickma	n Parkway #8	301	INSURER C : INSURER D :									
Fri	sco)	TX	75034	INSURER E :									
					INSURER F :									
CO\	/ER	AGES		CERTIFICATE NUMBER: CP201908	3266		RE	VISION NUMBER:						
Loc TH IN CE	H 0	S TO CERTIFY 1 ATED. NOTWITI FICATE MAY BE	THAT THE POLICIE	PERTY (Attach ACORD 101, Additional Remarks S E Ridge Court Waxahachie TX ES OF INSURANCE LISTED BELOW HAVE REQUIREMENT, TERM OR CONDITION OI PERTAIN, THE INSURANCE AFFORDED E CH POLICIES. LIMITS SHOWN MAY HAVE	75165 BEEN ISSUED TO T F ANY CONTRACT C BY THE POLICIES D	HE INSURED NAME OR OTHER DOCUME ESCRIBED HEREIN	NT V	VITH RESPECT TO WH	CH THI					
INSR LTR		TYPE OF INS		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS				
LIK	x	PROPERTY						BUILDING	\$					
		J JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$					
		BASIC	BUILDING					BUSINESS INCOME	\$					
		BROAD	CONTENTS					EXTRA EXPENSE	\$					
A	х	SPECIAL		WPP1844477 00	2/4/2020	2/4/2021		RENTAL VALUE	\$					
		EARTHQUAKE						BLANKET BUILDING	\$					
		WIND						BLANKET PERS PROP	\$					
		FLOOD						BLANKET BLDG & PP	\$					
	х	Deductible	1,000	-			x	COMMON AREAS	\$	125,000				
	х	Wind/Hail Ded	2,500				x	REPLACEMENT COST	\$					
	CAL	SES OF LOSS		TYPE OF POLICY				-	\$					
	0/10	NAMED PERILS		POLICY NUMBER	-			-	\$ \$					
								-	\$					
		CRIME							\$					
	TYP	E OF POLICY							\$					
									\$					
		BOILER & MACH							\$					
							_		\$					
								4	\$					
			ER COVERAGES (Att MMON AREAS	 ach ACORD 101, Additional Remarks Schedule, if r ONLY	 more space is required)	1	L	1	\$					
CEF	RTIF	ICATE HOLD	ER		CANCELLAT	ION								
	8		thwest Proj Hickman Par	elle@legacysouthwestpm.c perty Management ckway #801	SHOULD AN THE EXPIRA	TION DATE THEREO CE WITH THE POLIC	F, NC	RIBED POLICIES BE CAI DTICE WILL BE DELIVER OVISIONS.		D BEFORE				
					ROD MEDLIN			fly DI	Yll					
		24 (2009/09) (200909)		The ACORD name and logo	o are registered	© 1995-2009 AC marks of ACORD	OR	D CORPORATION.	All rig	hts reserved.				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/09/2020

C B	THIS CERTIFICATE IS ISSUED AS A MAT CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSURA REPRESENTATIVE OR PRODUCER, AND	LY O	R NE	GATIVELY AMEND, EXTER ES NOT CONSTITUTE A CO	ND OR	ALTER THE C	OVERAGE A	FFORDED BY THE POLIC	. THIS CIES	105/2020	
lf	MPORTANT: If the certificate holder is a f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	the t	terms	and conditions of the po	licy, ce	rtain policies					
	DDUCER				CONTACT Misti McInis						
Sca	arbrough Medlin & Associates				PHONE (A/C, No	p. Ext); (214) 42	23-3333	FAX (A/C, No):	(214) 4	23-3350	
570	00 Granite Pkwy, #500				E-MAIL ADDRE	Mieti@eee	arbrough-medli				
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
Pla	ano			TX 75024	INSURER A: Wesco Ins Co						
INSU	URED				INSURE	кв: Philadelp	hia Indemnity	Insurance Co		18058	
	Springfield Lakes HOA				INSURE	RC:					
	c/o Legacy Southwest Property	•			INSURE	RD:					
	8868 John Hickman Parkway #8 Frisco	501		TX 75034	INSURE						
<u>~</u>		TIEIC	ATE	NUMBER: CL201913754	INSURE	RF:					
	THIS IS TO CERTIFY THAT THE POLICIES OF I) TO THE INSUE		REVISION NUMBER:	OD		
IN C	NDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TH	NT, TE He ins	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTR/ E POLIC	ACT OR OTHER IES DESCRIBEI	R DOCUMENT N D HEREIN IS S	WITH RESPECT TO WHICH TH			
	R		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
							,		_{\$} 1,00	0,000	
	CLAIMS-MADE 🔀 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	000	
								MED EXP (Any one person)	_{\$} 5,00	0	
A				WPP1844477 00		02/04/2020	02/04/2021	PERSONAL & ADV INJURY	Ψ	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	φ	0,000	
	POLICY PRO- JECT LOC								\$ 2,00	0,000	
								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
	ANY AUTO							· · · · · · · · · · · · · · · · · · ·	\$		
А	OWNED AUTOS ONLY SCHEDULED			WPP1844477 00	C	02/04/2020	02/04/2021	BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)								\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	00.000	
В	DIRECTORS & OFFICERS LIABILITY			PCAP000754-0318		02/04/2020	02/04/2021	RETENTION	\$1,0 \$1,0	,	
	L SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE SOCIATION COMMON AREAS ONLY	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	bace is required)				
CE	RTIFICATE HOLDER				CANC	ELLATION					
	For Information Only************	****	*****,	For For Information	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	i of monitation only				AUTHO	RIZED REPRESEN					
	I						f	D. DM-lls			

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/09/2020

C B	HIS CERTIFICATE IS ISSUED AS A MAT ERTIFICATE DOES NOT AFFIRMATIVE ELOW. THIS CERTIFICATE OF INSURA EPRESENTATIVE OR PRODUCER, AND	LY OR	NEC DOE	GATIVELY AMEND, EXTER S NOT CONSTITUTE A C	ND OR	ALTER THE (OVERAGE A	FFORDED BY THE P	OLICIES	
lf	IPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to	the te	erms	and conditions of the po	licy, ce	rtain policies				
	is certificate does not confer rights to	the ce	ertific	cate holder in lieu of such		()				
	DUCER				CONTA NAME:		-	EAX		
	rbrough Medlin & Associates				PHONE (A/C, No	o, Ext): (211) 1	23-3333	FAX (A/C,	No): ^{(214) 4}	123-3350
570	0 Granite Pkwy, #500	E-MAIL ADDRE	ss: ^{Misti@sca}	arbrough-medl	n.com					
					NAIC #					
Plar				TX 75024	INSURE					
INSU					INSURE	кв: Philadelp	ohia Indemnity	Insurance Co		18058
	Springfield Lakes HOA				INSURE	RC:				
	c/o Legacy Southwest Property	0			INSURE	RD:				
	8868 John Hickman Parkway #8	801			INSURE	RE:				
	Frisco			TX 75034	INSURE	RF:				
CO	VERAGES CER	TIFICA		NUMBER: CL201913754				REVISION NUMBER:		
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA CLUSIONS AND CONDITIONS OF SUCH PO	REMEN AIN, THE LICIES.	IT, TE E INS . LIMI	RM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTR/ E POLIC	ACT OR OTHEF IES DESCRIBE CED BY PAID CI	R DOCUMENT \ D HEREIN IS S _AIMS.	WITH RESPECT TO WHIC	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDLS	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	I	IMITS	
	COMMERCIAL GENERAL LIABILITY				_			EACH OCCURRENCE	Ψ	0,000
	CLAIMS-MADE 🔀 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<mark>\$</mark> 100,	000
								MED EXP (Any one person)	\$ 5,00	0
A		Y		WPP1844477 00		02/04/2020	02/04/2021	PERSONAL & ADV INJURY	\$ 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	φ.	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	_G _{\$} 2,00	0,000
	OTHER:								\$	
								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
	ANY AUTO							BODILY INJURY (Per persor	i) \$	
А	OWNED SCHEDULED AUTOS			WPP1844477 00		02/04/2020	02/04/2021	BODILY INJURY (Per accide	nt) \$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OT STATUTE ER	H-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOY	'EE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	іт \$	
	DIRECTORS & OFFICERS LIABILITY	ΙT	T					LIMIT	\$1,0	00,000
В				PCAP000754-0318		02/04/2020	02/04/2021	RETENTION	\$1,0	00
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Legacy Southwest Property Management is included as an additional insured on the General Liability policy.										
CEF	RTIFICATE HOLDER				CANC	ELLATION				
	Legacy Southwest Property Mar 8668 John Hickman Parkway #8	0	ent		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
								1.		
	Frisco			TX 75034			. A	D. DMll		

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/09/2020

С В	THIS CERTIFICATE IS ISSUED AS A MAT CERTIFICATE DOES NOT AFFIRMATIVEL BELOW. THIS CERTIFICATE OF INSURA REPRESENTATIVE OR PRODUCER, AND	Y OF	R NEO	GATIVELY AMEND, EXTEN S NOT CONSTITUTE A CO	ND OR	ALTER THE C	OVERAGE A	AFFORDED BY THE POLI	CIES	
lf	MPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to his certificate does not confer rights to t	the t	erms	and conditions of the po	licy, ce	rtain policies				
<u> </u>	DUCER	ille c	ertin		CONTA		ie			
	arbrough Medlin & Associates				NAME: PHONE			FAX	(214)	23-3350
	00 Granite Pkwy, #500				PHONE (A/C, No E-MAIL ADDRE	Mieti@ecc	arbrough-medli	(A/C, No):	(214) 4	23-3330
						IN	SURER(S) AFFOR	DING COVERAGE		NAIC #
Plai				TX 75024	INSURE	Dhile de la				19059
INSU	JRED				INSURE	RB: Philadelp	hia Indemnity	Insurance Co		18058
	Springfield Lakes HOA				INSURE	RC:				
	c/o Legacy Southwest Property M	Ũ			INSURE	RD:				
	8868 John Hickman Parkway #80	01			INSURE	RE:				
	Frisco			TX 75034	INSURE	RF:				
CO	VERAGES CERT	IFIC	ATE I	NUMBER: CL201913754				REVISION NUMBER:		
IN Ci Ež	HIS IS TO CERTIFY THAT THE POLICIES OF IN NDICATED. NOTWITHSTANDING ANY REQUIR ERTIFICATE MAY BE ISSUED OR MAY PERTAI XCLUSIONS AND CONDITIONS OF SUCH POL	EME IN, TH	NT, TE HE INS 3. LIM	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTR/ E POLICI	ACT OR OTHER IES DESCRIBEI CED BY PAID CL	DOCUMENT \ DHEREIN IS S AIMS.	WITH RESPECT TO WHICH T	HIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
								EACH OCCURRENCE	_{\$} 1,00	0,000
	CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	000
								MED EXP (Any one person)	\$ 5,00	0
А		Y		WPP1844477 00		02/04/2020	02/04/2021	PERSONAL & ADV INJURY	\$ 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	0,000
									φ	0,000
								PRODUCTS - COMP/OP AGG	\$ _,	-,
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1,00	0.000
	ANYAUTO							(Ea accident) BODILY INJURY (Per person)	\$	-,
А	OWNED SCHEDULED			WPP1844477 00		02/04/2020	02/04/2021	BODILY INJURY (Per accident)	\$	
~	AUTOS ONLY AUTOS HIRED NON-OWNED			WIT 1044477 00		02/04/2020	02/04/2021	PROPERTY DAMAGE	\$	
								(Per accident)	э \$	
	UMBRELLA LIAB									
								EACH OCCURRENCE	\$	
	CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
		N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
в	DIRECTORS & OFFICERS LIABILITY					02/04/2020	02/04/2024			00,000
В				PCAP000754-0318		02/04/2020	02/04/2021	RETENTION	\$1,0	JU
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Waxahachie ISD is included as an additional insured on the General Liability policy.										
CEI	RTIFICATE HOLDER				CANC	ELLATION				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR Waxahachie ISD 411 N. Gibson St.										BEFORE
					AUTHO	RIZED REPRESEN	ITATIVE	.		
	Waxahachie			TX 75165	fly DMll					

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