



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/9/2020

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 this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> Scarbrough Medlin & Associates 5700 Granite Pkwy, #500  Plano TX 75024		<b>CONTACT NAME:</b> Misti McInis <b>PHONE (A/C No. Ext):</b> (214)423-3333 <b>FAX (A/C No):</b> (214)423-3350 <b>E-MAIL ADDRESS:</b> Misti@scarbrough-medlin.com <b>PRODUCER CUSTOMER ID:</b> 00012022	
<b>INSURED</b> Springfield Lakes HOA c/o Legacy Southwest Property Mgmt 8868 John Hickman Parkway #801 Frisco TX 75034		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Wesco Ins Co INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER: CP201908266

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00001 Bldg# 00001: Wolf Ridge Court Waxahachie TX 75165

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 LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS		
A	<input checked="" type="checkbox"/>	PROPERTY	WPP1844477 00	2/4/2020	2/4/2021	BUILDING	\$		
	CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$	
	<input type="checkbox"/>	BASIC				BUILDING	BUSINESS INCOME	\$	
	<input type="checkbox"/>	BROAD				CONTENTS	EXTRA EXPENSE	\$	
	<input checked="" type="checkbox"/>	SPECIAL					RENTAL VALUE	\$	
	<input type="checkbox"/>	EARTHQUAKE				BLANKET BUILDING	\$		
	<input type="checkbox"/>	WIND				BLANKET PERS PROP	\$		
	<input type="checkbox"/>	FLOOD				BLANKET BLDG & PP	\$		
	<input checked="" type="checkbox"/>	Deductible				1,000	<input checked="" type="checkbox"/>	COMMON AREAS	\$ 125,000
	<input checked="" type="checkbox"/>	Wind/Hail Ded				2,500	<input checked="" type="checkbox"/>	REPLACEMENT COST	\$
<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$			
<input type="checkbox"/>	CAUSES OF LOSS	POLICY NUMBER				\$			
<input type="checkbox"/>	NAMED PERILS					\$			
<input type="checkbox"/>	CRIME					\$			
<input type="checkbox"/>	TYPE OF POLICY					\$			
<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$			
<input type="checkbox"/>						\$			
<input type="checkbox"/>						\$			

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ASSOCIATION COMMON AREAS ONLY

**CERTIFICATE HOLDER****CANCELLATION**

For Information Only\*\*\*\*\*  
 For Information Only\*\*\*\*\*  
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 For Information Only\*\*\*\*\*

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

ROD MEDLIN/MCINIS



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

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<b>PRODUCER</b> Scarbrough Medlin & Associates 5700 Granite Pkwy, #500  Plano TX 75024		<b>CONTACT NAME:</b> Misti McInis <b>PHONE (A/C No. Ext):</b> (214)423-3333 <b>FAX (A/C No):</b> (214)423-3350 <b>E-MAIL ADDRESS:</b> Misti@scarbrough-medlin.com <b>PRODUCER CUSTOMER ID:</b> 00012022	
<b>INSURED</b> Springfield Lakes HOA c/o Legacy Southwest Property Mgmt 8868 John Hickman Parkway #801 Frisco TX 75034		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Wesco Ins Co INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER: CP201908266

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00001 Bldg# 00001: Wolf Ridge Court Waxahachie TX 75165

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 LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS		
A	<input checked="" type="checkbox"/>	PROPERTY	WPP1844477 00	2/4/2020	2/4/2021	BUILDING	\$		
	CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$	
	<input type="checkbox"/>	BASIC				BUILDING	BUSINESS INCOME	\$	
	<input type="checkbox"/>	BROAD				CONTENTS	EXTRA EXPENSE	\$	
	<input checked="" type="checkbox"/>	SPECIAL					RENTAL VALUE	\$	
	<input type="checkbox"/>	EARTHQUAKE				BLANKET BUILDING	\$		
	<input type="checkbox"/>	WIND				BLANKET PERS PROP	\$		
	<input type="checkbox"/>	FLOOD				BLANKET BLDG & PP	\$		
	<input checked="" type="checkbox"/>	Deductible				1,000	<input checked="" type="checkbox"/>	COMMON AREAS	\$ 125,000
	<input checked="" type="checkbox"/>	Wind/Hail Ded				2,500	<input checked="" type="checkbox"/>	REPLACEMENT COST	\$
<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$			
<input type="checkbox"/>	CAUSES OF LOSS	POLICY NUMBER				\$			
<input type="checkbox"/>	NAMED PERILS					\$			
<input type="checkbox"/>	CRIME					\$			
<input type="checkbox"/>	TYPE OF POLICY					\$			
<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$			
<input type="checkbox"/>						\$			
<input type="checkbox"/>						\$			

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ASSOCIATION COMMON AREAS ONLY

**CERTIFICATE HOLDER**

danielle@legacysouthwestpm.com

Legacy Southwest Property Management  
 8668 John Hickman Parkway #801  
 Frisco, TX 75034

**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.

AUTHORIZED REPRESENTATIVE

ROD MEDLIN/MCINIS



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/09/2020

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**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).

<b>PRODUCER</b> Scarbrough Medlin & Associates 5700 Granite Pkwy, #500  Plano TX 75024		<b>CONTACT NAME:</b> Misti McInis <b>PHONE (A/C, No, Ext):</b> (214) 423-3333 <b>FAX (A/C, No):</b> (214) 423-3350 <b>E-MAIL ADDRESS:</b> Misti@scarbrough-medlin.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Wesco Ins Co	<b>NAIC #</b>
		<b>INSURER B:</b> Philadelphia Indemnity Insurance Co	18058
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Springfield Lakes HOA c/o Legacy Southwest Property Mgmt 8868 John Hickman Parkway #801 Frisco TX 75034			

**COVERAGES****CERTIFICATE NUMBER:** CL201913754**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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WPP1844477 00	02/04/2020	02/04/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			WPP1844477 00	02/04/2020	02/04/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	<b>DIRECTORS &amp; OFFICERS LIABILITY</b>			PCAP000754-0318	02/04/2020	02/04/2021	LIMIT	\$1,000,000
							RETENTION	\$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ASSOCIATION COMMON AREAS ONLY

**CERTIFICATE HOLDER****CANCELLATION**

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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

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		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Wesco Ins Co	<b>NAIC #</b>
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		<b>INSURER C:</b>	
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		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Springfield Lakes HOA c/o Legacy Southwest Property Mgmt 8868 John Hickman Parkway #801 Frisco TX 75034			

**COVERAGES**

CERTIFICATE NUMBER: CL201913754

REVISION NUMBER:

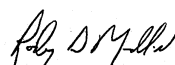
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A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			WPP1844477 00	02/04/2020	02/04/2021	EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:		Y					MED EXP (Any one person)	\$ 5,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:									GENERAL AGGREGATE
					PRODUCTS - COMP/OP AGG	\$ 2,000,000				
						\$				
A	<b>AUTOMOBILE LIABILITY</b>			WPP1844477 00	02/04/2020	02/04/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$		
	<b>EXCESS LIAB</b>						AGGREGATE	\$		
	DED	RETENTION \$						\$		
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. DISEASE - EA EMPLOYEE	\$		
							E.L. DISEASE - POLICY LIMIT	\$		
B	<b>DIRECTORS &amp; OFFICERS LIABILITY</b>			PCAP000754-0318	02/04/2020	02/04/2021	LIMIT	\$1,000,000		
							RETENTION	\$1,000		

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.

**CERTIFICATE HOLDER****CANCELLATION**

Legacy Southwest Property Management 8668 John Hickman Parkway #801  Frisco TX 75034	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 
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