

CERTIFICATE OF PROPERTY INSURANCE

2/5/2018

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 inte		ACORD 27 or A	CORD 28.			
	CONTACT Michele Day					
Scarbrough Medlin & Associates	PHONE (A/C, No, Ext): (214)423-3333 FAX (A/C, No): (214)423-3350					
3700 Granice rkwy, #300	E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com					
Plano TX 75024	PRODUCER CUSTOMER ID: 00012022					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURED	INSURER A: Republic Insurance Company					
Springfield Lakes HOA	INSURER B:					
c/o Legacy Southwest Property Mgmt	INSURER C:					
6010 W Spring Creek Parkway	INSURER D:					
Plano TX 75024	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 18-19 Property REVISION NUMBER:

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

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			SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	х	PROPERTY						BUILDING	\$
	CAL	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$
		BASIC	BUILDING					BUSINESS INCOME	\$
l		BROAD	CONTENTS					EXTRA EXPENSE	\$
A	х	SPECIAL		CMP 5561776 01	2/4/2018	2/4/2019		RENTAL VALUE	\$
l		EARTHQUAKE						BLANKET BUILDING	\$
		WIND						BLANKET PERS PROP	\$
l		FLOOD						BLANKET BLDG & PP	\$
l	х	DEDUCTIBLE	1,000				х	COMMON AREAS ONLY	\$ 125,000
									\$
		INLAND MARINE		TYPE OF POLICY					\$
	CAL	JSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
		CRIME							\$
	TYF	E OF POLICY							\$
									\$
		BOILER & MACH							\$
		EQUIPMENT BK	LANDOWN						\$
									\$
									\$

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

CERTIFICATE HOLDER	CANCELLATION
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.
For Information Only**************	AUTHORIZED REPRESENTATIVE
For Information Only*******	
	ROD MEDLIN/MRD AS STYLL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2018

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 floider ill fled of St						
PRODUCER		CONTACT Michele Day				
Scarbrough Medlin & As	ssociates	PHONE (A/C, No, Ext): (214)423-3333	FAX (A/C, No): (214)42	3-3350		
5700 Granite Pkwy, #50	00	E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com				
		INSURER(S) AFFORDING COVERAGE		NAIC #		
Plano	TX 75024	INSURER A: Republic Insurance Company	Y			
INSURED		INSURER B:Philadelphia Insurannce Co	ompany			
Springfield Lakes HOA		INSURER C :				
c/o Legacy Southwest E	Property Mgmt	INSURER D :				
6010 W Spring Creek Pa	arkway	INSURER E :				
Plano	TX 75024	INSURER F:				
COVEDACES	CEDTIEICATE MI IMPED-18-19 T.ia	hility DEVISION NUM	ADED.			

CEKIILICATE NOMBEK: 18-18 Preprint

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		ADDL SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	IIIOD III		,,,		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
			CMP 5561776 01	2/4/2018	2/4/2019	MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ INCLUDED
A	ANY AUTO					BODILY INJURY (Per person)	\$
^	ALL OWNED SCHEDULED AUTOS		CMP 5561776 01	2/4/2018	2/4/2019	BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	17.6				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	DIRECTORS & OFFICERS		CAP035003-0217	2/4/2018	2/4/2019	LIMIT	\$1,000,000
	LIABILITY					DEDUCTIBLE	\$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Legacy Southwest is additional insured as respects to the General Liability

CERTIFICATE HOLDER	
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CANCELLATION

Legacy Southwest Property Mgmt 6010 W Spring Creek Parkway Plano, TX 75024

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/MRD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2018

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PRODUCER		CONTACT Michele Day			
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5700 Granite Pkwy, #50		E-MAIL ADDRESS: MicheleD@scarbrough-med	dlin.com		
		INSURER(S) AFFORDING COVER	AGE	NAIC #	
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INSURED		INSURER B:Philadelphia Insuranno	e Company		
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INSR LTR	TYPE OF INSURANCE	ADDL SU	UBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC	INSD W	VVD	CMP 5561776 01	2/4/2018	2/4/2019	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	1,000,000 100,000 5,000 1,000,000 2,000,000 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS			CMP 5561776 01	2/4/2018	2/4/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	INCLUDED
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)	N/A					EACH OCCURRENCE \$ AGGREGATE \$ \$ PER OTH- STATUTE ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$	
В	If yes, describe under DESCRIPTION OF OPERATIONS below DIRECTORS & OFFICERS LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VEHIC			CAP035003-0217	2/4/2018	2/4/2019	E.L. DISEASE - POLICY LIMIT \$ LIMIT DEDUCTIBLE	\$1,000,000 \$1,000

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

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	ROD MEDLIN/MRD AL DYM

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