

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

2/7/2019

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.

_														
	lf thi	s certificate is	s being prepared	d for a party who has an insura	est in the property, do not use this form. Use ACORD 27 or ACORD 28.									
PRO					CONTACT Misti McInis									
		-	in & Associat	tes		PHONE (A/C, No, Ext): (214)423-3333 (A/C, No): (214)423-3350								
570	00 G	ranite Pkw	vy, #500		E-MAIL ADDRESS: Misti@scarbrough-medlin.com									
_					PRODUCER 00012055									
Pla	ino		TX	75024		COSTOMER ID:								
INIOI						INSURER(S) AFFORDING COVERAGE								
INSU The		llages of	Carmel HOA,	Inc.	INSURER A : Sec	urity Nationa	al :	Insurance Co)					
		_	west Propert			INSURER B:								
		-	-	cy ngme		INSURER C:								
		spring Ci	reek Parkway			INSURER D:								
Pla	ino		TX	75024		INSURER E :								
						INSURER F:								
CO	VER	AGES		CERTIFICATE NUMBER: 19	-20 Prop			RE	VISION NUMBI	ER:	1			
				PERTY (Attach ACORD 101, Additional R			required)							
				Denton TX 76208		,	• •							
١N	IDIC/	ATED. NOTWIT	HSTANDING ANY	ES OF INSURANCE LISTED BELO' REQUIREMENT, TERM OR CONDI PERTAIN, THE INSURANCE AFFO	TION OF AN	NY CONTRACT O	R OTHER DOCUME	NT V	VITH RESPECT TO	O WHICH TH				
				ICH POLICIES. LIMITS SHOWN MA				.00	SBOLOT TO ALL T	rie reraio,				
INSR LTR				POLICY NUMBER		OLICY EFFECTIVE ATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERT	гү	LIMITS			
	х	PROPERTY							BUILDING	\$				
	CAL	JSES OF LOSS	DEDUCTIBLES						PERSONAL PROP	ERTY \$				
		BASIC	BUILDING						BUSINESS INCOM	E s				
		BROAD					2/7/2020		EXTRA EXPENSE	\$				
١,	7.7	SPECIAL	CONTENTS			2/7/2010			RENTAL VALUE	<u> </u>				
A	х			SPP1774444 00		2/7/2019	2/7/2020		4	\$				
		EARTHQUAKE		-					BLANKET BUILDIN	Ψ				
		WIND							BLANKET PERS PF	ROP \$				
		FLOOD							BLANKET BLDG &	PP \$				
	Х	Deductible	1,000)				Х	COMMON AREAS	\$	1,000,000			
								х	REPLACEMENT COS	ST \$				
		INLAND MARINE		TYPE OF POLICY						\$				
	CAL	JSES OF LOSS							1	\$				
		NAMED PERILS		POLICY NUMBER				1	\$					
_	37	CDIME		SPP1774444 00		2/7/2019	2/7/2020	x	LIMIT	\$				
A		CRIME		_		5111//4444 00		2/1/2019	2/7/2020	\vdash	DEDUCTIBLE	\$	50,000	
		E OF POLICY						Х	DEDUCTIBLE	\$	500			
	EMF	PLOYEE DISHONES								\$				
		BOILER & MACHINERY / EQUIPMENT BREAKDOWN								\$				
										\$				
										\$				
									1	\$				
SPE	CIAL C	CONDITIONS / OTH	IER COVERAGES (Att	tach ACORD 101, Additional Remarks Sch	nedule, if more	space is required)				1 -				
AS	SOC	IATION CO	MMON AREAS	ONLY										
CERTIFICATE HOLDER						CANCELLAT	ION							
	OLIVIII IOAIL HOLDLIV													
						SHOULD ANY	OF THE ABOVE DE	ESCF	IBED POLICIES B	E CANCELLI	D BEFORE			
						TION DATE THEREO			ELIVERED IN					
	F	or Inform	ation Only	******	*	ACCORDANG	E WITH THE POLIC	Y PR	OVISIONS.					
	F	or Inform	ation Only	******	*									
	F	or Inform	ation Only	******	*	AUTHORIZED REP	RESENTATIVE							
			-											
I	· · · · · · · · · · · · · · · · · · ·						DOD WED IN WATER							



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

2/7/2019

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 intere	est in the property, do not use this form. Use ACORD	27 or ACORD 28.					
PRODUCER Scarbrough Medlin & As 5700 Granite Pkwy, #50		CONTACT Misti McInis PHONE (A/C, No, Ext): (214)423-3333 FAX (A/C, No, Ext): (214)423-3350						
Plano	TX 75024	E-MAIL ADDRESS: Misti@scarbrough-medlin.com PRODUCER CUSTOMER ID: 00012055						
INSURED The Villages of Carmel c/o Legacy Southwest F	Property Mgmt	INSURER(S) AFFORDING COVERAGE INSURER A: Security National Insurance Co INSURER B: INSURER C:	NAIC #					
6010 W Spring Creek Pa Plano	rkway TX 75024	INSURER D : INSURER E : INSURER F :						
COVEDACES	CEDTIFICATE NUMBER: 19-20 Pro	nerty DEVICION NUMBE	D.					

COVERAGES CERTIFICATE NUMBER: 19-20 Property REVISION NUMBER

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

Loc# 00001: 4733 Redbud Dr Denton TX 76208

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 INS	BURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY) POLICY EXPIRATION DATE (MM/DD/YYYY) COVERED PROPERTY			LIMITS	
	х	PROPERTY						BUILDING	\$
	CAUSES OF LOSS DEDUCTIBLES							PERSONAL PROPERTY	\$
	BASIC		BUILDING					BUSINESS INCOME	\$
		BROAD CONTENTS X SPECIAL					EXTRA EXPENSE	\$	
A	х		SPP1774444 00	2/7/2019	2/7/2020		RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$
	WIND FLOOD						BLANKET PERS PROP	\$	
							BLANKET BLDG & PP	\$	
	х	Deductible	1,000				х	COMMON AREAS	\$ 1,000,000
							х	REPLACEMENT COST	\$
		INLAND MARINE		TYPE OF POLICY					\$
	CAL	JSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER	1				\$
									\$
A	х	CRIME		SPP1774444 00	2/7/2019	2/7/2020	х	LIMIT	\$ 50,000
	TYP	E OF POLICY					х	DEDUCTIBLE	\$ 500
	EMP	EMPLOYEE DISHONESTY							\$
	BOILER & MACHINERY /								\$
	EQUIPMENT BREAKDOWN							1	\$
									\$
								1	\$

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

ASSOCIATION COMMON AREAS ONLY

CERTIFICATE HOLDER	CANCELL ATION

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/MCINIS

fly DMell



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/07/2019

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. 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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	DUCER				CONTACT Misti McInis						
Sca	rbrough Medlin & Associates				PHONE (A/C, No, Ext): (214) 423-3333 FAX (A/C, No): (214) 423-3350						
570	Granite Pkwy, #500				E-MAIL Misti@scarbrough-medlin.com ADDRESS: Misti@scarbrough-medlin.com						
					INSURER(S) AFFORDING COVERAGE					NAIC #	
Plar	0			TX 75024	INSURER A: Security National Insurance Co						
INSU	RED				INSURE	RB: National	Surety Corpor	ation		21881	
	The Villages of Carmel HOA, Inc.	.			INSURE	R C: Philadelp	hia Indemnity	Insurance Co		18058	
	c/o Legacy Southwest Property	Mgmt	:		INSURE						
	6010 W Spring Creek Parkway				INSURE						
	Plano			TX 75024	INSURE						
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 19-20 Liability				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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS		
	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100	,000	
								MED EXP (Any one person)	\$ 5,00	00	
Α				SPP1774444 00		02/07/2019	02/07/2020	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000	
	OTHER:							TROBUSTO COMITOT ACC	\$	*	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000	
	ANY AUTO						02/07/2020	BODILY INJURY (Per person)	\$	\$	
Α	OWNED SCHEDULED			SPP1774448 00		02/07/2019		BODILY INJURY (Per accident)	\$		
	AUTOS ONLY HIRED NON-OWNED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	➤ UMBRELLA LIAB OCCUR									00,000	
В	EVOTOS LIAD	SUO00049054554-37342				02/07/2019	02/07/2020	EACH OCCURRENCE	F 00	00,000	
	CLAIMS-IMADE					02,01,2010	0-7-017-0-0	AGGREGATE	Ψ.		
	DED RETENTION \$ UWORKERS COMPENSATION	+-		+				PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY Y/N							· ' '	+.		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POLICY LIMIT	\$ \$1.0	000,000	
С	DIRECTORS & OFFICERS LIABILITY			DCAB000644 0249		02/07/2010	02/07/2020	RETENTION	1		
				PCAP000641-0218		02/07/2019	02/07/2020	RETENTION	\$5,0	JU	
DES	PRINTION OF OREDATIONS // OCATIONS // COO	C /A	OP 1	04 Additional Barrentes Cales to to	mau	ttoohod if					
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLI OCIATION COMMON AREAS ONLY	:5 (AC	JORD 1	01, Additional Remarks Schedule,	may be a	ttacned if more sp	pace is required)				
ASS	OCIATION COMMON AREAS ONLY										
CEF	TIFICATE 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.						
ALITHODIZED PEDDESENTATIVE											

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/07/2019

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. 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).

th	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	DUCE	ER .				CONTACT Misti McInis						
Sca	rbro	ugh Medlin & Associates				PHONE (A/C, No, Ext): (214) 423-3333 FAX (A/C, No): (214) 423-3350						
570	0 Gr	anite Pkwy, #500				E-MAIL Misti@scarbrough-medlin.com ADDRESS:						
						INSURER(S) AFFORDING COVERAGE NAIC #						
Plar	10				TX 75024	INSURER A: Security National Insurance Co					TEALO II	
INSU	RED					INSURE	Matianal	Surety Corpor	ation		21881	
		The Villages of Carmel HOA, Inc.	Э.			INSURE	Distributed	phia Indemnity	Insurance Co		18058	
		c/o Legacy Southwest Property										
		6010 W Spring Creek Parkway	5			INSURER D:						
		Plano			TX 75024	INSURE						
COV	/FR		TIFIC	ΔTF	NUMBER: 19-20 Liability	INSURE	KF:		REVISION NUMBER			
_		S TO CERTIFY THAT THE POLICIES OF			itomberti ,	ISSUED	TO THE INSU					
IN	DICA	ATED. NOTWITHSTANDING ANY REQUI	REME	NT, TE	ERM OR CONDITION OF ANY	CONTRA	ACT OR OTHER	R DOCUMENT \	WITH RESPECT TO WHI	ICH THIS		
		FICATE MAY BE ISSUED OR MAY PERTA JSIONS AND CONDITIONS OF SUCH PC							UBJECT TO ALL THE TE	ERMS,		
INSR LTR				S. LIM SUBR WVD		INEDUC	POLICY EFF	POLICY EXP		LIMITO		
LTR		TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	00,000	
	┢								EACH OCCURRENCE DAMAGE TO RENTED	100	,000	
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrence	<u>)</u>	-	
Α					SPP1774444 00		02/07/2019	02/07/2020	MED EXP (Any one person)	100	00,000	
_					SPP1774444 00		02/07/2019	02/07/2020	PERSONAL & ADV INJURY	1 0 00	00,000	
	GEI	N'LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	3 0 00		
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP A	GG \$ ·	00,000	
		OTHER:							COMBINED SINGLE LIMIT	\$ 0.1.00	20.000	
	AU	AUTOMOBILE LIABILITY							(Ea accident)	Ψ 1,00		
Α	ANY AUTO OWNED SCHEDULED				0004774440		00/07/0040	00/07/0000	BODILY INJURY (Per perso	·		
	AUTOS ONLY HIRED AUTOS ONLY NON-OWNED				SPP1774448 00		02/07/2019	02/07/2020	BODILY INJURY (Per accid PROPERTY DAMAGE			
	×	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
			-							\$		
	×	UMBRELLA LIAB OCCUR			011000040054554 07040		00/07/0040	00/07/0000	EACH OCCURRENCE	Ψ.	00,000	
В		EXCESS LIAB CLAIMS-MADE	-		SUO00049054554-37342-1		02/07/2019	02/07/2020	AGGREGATE	\$ 5,00	00,000	
	WO	DED RETENTION \$ 0							I DED I I O	\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N							PER O'STATUTE EF	TH- R		
		PROPRIETOR/PARTNER/EXECUTIVE CICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
		ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLO	YEE \$		
	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LII			
	DII	DIRECTORS & OFFICERS LIABILITY		S & OFFICERS LIABILITY					LIMIT	1 ' '	000,000	
С					PCAP000641-0218		02/07/2019	02/07/2020	RETENTION	\$5,0	10	
			L									
		FION OF OPERATIONS / LOCATIONS / VEHICL	-			=	-	pace is required)				
Leg	acy S	Southwest is additional insured as responsi	ects to	the G	eneral Liability and Directors	& Office	ers Liability					
CEF	CERTIFICATE HOLDER CANCELLATION											
									D DEFORE			
									SCRIBED POLICIES BE F, NOTICE WILL BE DEL) DEFUKE	
		Legacy Southwest Property Mg	mt						PROVISIONS.			
		6010 W. Spring Creek Parkway										
		. 5				AUTHORIZED REPRESENTATIVE						
Plano TX 75024							DO MM OL,					