



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

3/7/2017

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.

PRODUCER Scarbrough Medlin & Associates 5700 Granite Pkwy, #500 Plano TX 75024		CONTACT NAME: MICHELE DAY PHONE (A/C. No. Ext): (214) 423-3333 FAX (A/C. No): (214) 423-3350 E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com PRODUCER CUSTOMER ID: 00012055	
INSURED The Villages of Carmel HOA, Inc. c/o Legacy Southwest Property Mgmt 5760 Legacy Dr Plano TX 75024		INSURER(S) AFFORDING COVERAGE INSURER A: Republic Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 19208	

COVERAGES **CERTIFICATE NUMBER:** 17-18 Property **REVISION NUMBER:**

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

4733 REDBUD DRIVE 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 INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/>	PROPERTY	CMP 5561892	2/7/2017	2/7/2018	BUILDING	\$	
	CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$
		BASIC				BUILDING	BUSINESS INCOME	\$
		BROAD				CONTENTS	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL					RENTAL VALUE	\$
		EARTHQUAKE				BLANKET BUILDING	\$	
		WIND				BLANKET PERS PROP	\$	
		FLOOD				BLANKET BLDG & PP	\$	
	<input checked="" type="checkbox"/>	DEDUCTIBLE	1,000	<input checked="" type="checkbox"/>	COMMON AREAS ONLY	\$ 1,000,000		
				<input checked="" type="checkbox"/>	Equipment Breakdown	\$		
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY			\$		
	CAUSES OF LOSS					\$		
	NAMED PERILS		POLICY NUMBER			\$		
A	<input checked="" type="checkbox"/>	CRIME	CMP 5561892	2/7/2017	2/7/2018	<input checked="" type="checkbox"/>	LIMIT	\$ 50,000
	TYPE OF POLICY					<input checked="" type="checkbox"/>	DEDUCTIBLE	\$ 1,000
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
								\$
								\$
								\$

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

Replacement Cost

CERTIFICATE HOLDER

CANCELLATION

For Information Only*****
 For Information Only*****
 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/MRD



CERTIFICATE OF PROPERTY INSURANCE

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		NAIC # 19208	

COVERAGES

CERTIFICATE NUMBER: 17-18 Property

REVISION NUMBER:

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

4733 REDBUD DRIVE DENTON TX 76208

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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	CMP 5561892	2/7/2017	2/7/2018	BUILDING	\$	
	CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$
		BASIC				BUILDING	BUSINESS INCOME	\$
		BROAD				CONTENTS	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL					RENTAL VALUE	\$
		EARTHQUAKE				BLANKET BUILDING	\$	
		WIND				BLANKET PERS PROP	\$	
		FLOOD				BLANKET BLDG & PP	\$	
<input checked="" type="checkbox"/>	DEDUCTIBLE	1,000	<input checked="" type="checkbox"/>	COMMON AREAS ONLY	\$ 1,000,000			
			<input checked="" type="checkbox"/>	Equipment Breakdown	\$			
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY			\$		
	CAUSES OF LOSS					\$		
	<input type="checkbox"/>		NAMED PERILS	POLICY NUMBER		\$		
						\$		
A	<input checked="" type="checkbox"/>	CRIME	CMP 5561892	2/7/2017	2/7/2018	<input checked="" type="checkbox"/>	LIMIT \$ 50,000	
	TYPE OF POLICY					<input checked="" type="checkbox"/>	DEDUCTIBLE \$ 1,000	
							\$	
	<input type="checkbox"/>		BOILER & MACHINERY / EQUIPMENT BREAKDOWN				\$	
							\$	
							\$	
							\$	

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

Legacy Southwest is additional insured as respects to the Crime Replacement Cost

CERTIFICATE HOLDER**CANCELLATION**

Legacy Southwest Property Mgmt
 5760 Legacy Dr. Ste B3-425
 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)

3/7/2017

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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 holder in lieu of such endorsement(s).

PRODUCER Scarbrough Medlin & Associates 5700 Granite Pkwy, #500 Plano TX 75024		CONTACT NAME: MICHELE DAY PHONE (A/C, No. Ext): (214) 423-3333 E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com FAX (A/C, No): (214) 423-3350	
INSURED The Villages of Carmel HOA, Inc. c/o Legacy Southwest Property Mgmt 5760 Legacy Dr Plano TX 75024		INSURER(S) AFFORDING COVERAGE INSURER A: Republic Insurance Company INSURER B: Southern Insurance Company INSURER C: Liberty Insurance Underwriters INSURER D: INSURER E: INSURER F:	
		NAIC # 19208 19216 19917	

COVERAGES

CERTIFICATE NUMBER: 17/18 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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:			CMP 5561892	2/7/2017	2/7/2018	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
								\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAP 5587065	2/7/2017	2/7/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
D	DIRECTORS & OFFICERS LIABILITY			CAP035401-0117	2/7/2017	2/7/2018	LIMIT	\$1,000,000
							DEDUCTIBLE	\$2,500

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 and Directors & Officers Liability
 Total Units 650

CERTIFICATE HOLDER**CANCELLATION**

Legacy Southwest Property Mgmt 5760 Legacy Dr. Ste B3-425 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 
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