



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/22/2017

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.

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).

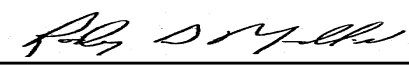
PRODUCER Scarbrough Medlin & Associates 5700 Granite Pkwy, #500 Plano TX 75024	CONTACT NAME: Michele Day PHONE (A/C, No. Ext): (214) 423-3333 E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com		FAX (A/C, No): (214) 423-3350
	INSURER(S) AFFORDING COVERAGE INSURER A: Western World Insurance Co INSURER B: Great American Insurance Co INSURER C: Liberty Insurance Underwriters INSURER D: INSURER E: INSURER F:		NAIC #
INSURED Prestonwood Country Club Condo Assoc, Inc. 15918 Club Crest #1111 Dallas TX 75248			

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			NPP8311727	9/21/2017	9/21/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> TOTAL UNITS 247						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Severability of Interest						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
	OTHER:						Employee Benefits \$
A	AUTOMOBILE LIABILITY			NPP8311727	9/21/2017	9/21/2018	COMBINED SINGLE LIMIT (Ea accident) \$ INCLUDED
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			UM30105689	9/21/2017	9/21/2018	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 2,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	DIRECTORS & OFFICERS LIABILITY			CAP028191-0315	9/21/2017	9/21/2018	LIMIT \$1,000,000 DEDUCTIBLE \$1,000

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

CERTIFICATE HOLDER For Information Only For Information Only For Information Only For Information Only For Information Only	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/MRD 



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

9/22/2017

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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: 00011266															
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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)

Loc# 00001 Bldg# 00001: 15918 Club Crest #1111 Dallas TX 75248

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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	S423202	9/19/2017	9/19/2018	<input checked="" type="checkbox"/> BUILDING	\$ 22,839,282	
		CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
		BASIC				BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
		BROAD				10,000	<input type="checkbox"/> EXTRA EXPENSE	\$
		<input checked="" type="checkbox"/> SPECIAL				CONTENTS	<input type="checkbox"/> RENTAL VALUE	\$
		EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
		<input checked="" type="checkbox"/> WIND				100,000	<input type="checkbox"/> BLANKET PERS PROP	\$
	FLOOD		<input type="checkbox"/> BLANKET BLDG & PP	\$				
	<input checked="" type="checkbox"/> HAIL	100,000	<input checked="" type="checkbox"/> Business Personal	\$ 27,500				
				<input checked="" type="checkbox"/> REPLACEMENT COST	\$			
	<input type="checkbox"/> INLAND MARINE		TYPE OF POLICY			\$		
	CAUSES OF LOSS					\$		
	<input type="checkbox"/> NAMED PERILS		POLICY NUMBER			\$		
						\$		
B	<input checked="" type="checkbox"/>	CRIME	105839254	9/21/2017	9/21/2018	<input checked="" type="checkbox"/> LIMIT	\$ 750,000	
		TYPE OF POLICY				<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 7,500	
							\$	
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
A		Severability of Interest					\$	

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

CERTIFICATE HOLDER**CANCELLATION**

For Information Only
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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

ROD MEDLIN/MRD