



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

9/14/2016

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: 00011266															
INSURED Prestonwood Country Club Condo Assoc, Inc. 15918 Club Crest #1111 Dallas TX 75248		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Peleus Insurance Company</td> <td>34118</td> </tr> <tr> <td>INSURER B: Travelers Insurance Company</td> <td>25674</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Peleus Insurance Company	34118	INSURER B: Travelers Insurance Company	25674	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: 16-17 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

See Attached Overflow Pages

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	TBD	9/19/2016	9/19/2017	<input checked="" type="checkbox"/> BUILDING	\$ 22,839,782	
	CAUSES OF LOSS					DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/>	BASIC				BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/>	BROAD				10,000	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL				CONTENTS	<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/>	EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/>	WIND				100,000	<input checked="" type="checkbox"/> BLANKET PERS PROP	\$ 27,500
	<input type="checkbox"/>	FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
<input checked="" type="checkbox"/>	HAIL	100,000	<input checked="" type="checkbox"/> ORDINANCE OR LAW	\$ 100,000				
<input type="checkbox"/>			<input checked="" type="checkbox"/> REPLACEMENT COST	\$				
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$		
	CAUSES OF LOSS	POLICY NUMBER				\$		
	<input type="checkbox"/> NAMED PERILS					\$		
B	<input checked="" type="checkbox"/>	CRIME	105839254	9/21/2016	9/21/2017	<input checked="" type="checkbox"/> LIMIT	\$ 750,000	
		TYPE OF POLICY				<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 7,500	
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	TBD	9/21/2016	9/21/2017	<input checked="" type="checkbox"/> INCLUDED	\$	
							\$	
							\$	

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

100% Estimated Replacement Cost

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

ROD MEDLIN/MRD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/14/2016

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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 FAX (A/C, No): (214) 423-3350 E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com															
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COVERAGES

CERTIFICATE NUMBER: 16-17 Liability

REVISION NUMBER:

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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:			NPP8311094	9/21/2016	9/21/2017	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 \$ 1,000,000
A	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			NPP8311094	9/21/2016	9/21/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UM30075014	9/21/2016	9/21/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	DIRECTORS & OFFICERS LIABILITY			CAP028191-0215	9/21/2016	9/21/2017	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)

Total Units 247

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