



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/05/2021

**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).**

|   |  |  |  |
|---|--|--|--|
| <b>PRODUCER</b><br>Scarbrough Medlin & Associates<br>5700 Granite Pkwy Ste 500<br><br>Plano TX 75024-6640     |  | <b>CONTACT NAME:</b> Kylie Proffitt<br><b>PHONE (A/C, No, Ext):</b> (214) 423-3333<br><b>E-MAIL ADDRESS:</b> kylie@scarbrough-medlin.com<br><b>FAX (A/C, No):</b> (214) 423-3350   |  |
| <b>INSURED</b><br>Prestonwood Country Club Condo Assoc, Inc.<br>15918 Club Crest #1111<br><br>Dallas TX 75248 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Wesco Ins Co<br><b>INSURER B:</b> Fireman's Fund Insurance Co<br><b>INSURER C:</b> Accredited Surety and Casualty Co.<br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|   |  | <b>NAIC #</b>  |  |
|   |  | 25011  |  |
|   |  | 21873  |  |
|   |  | 26379  |  |

**COVERAGES**

CERTIFICATE NUMBER: CL2110518304

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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | WPP1929233           | 09/21/2021              | 09/21/2022              | 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 |
|          |  |           |          |                      |                         |                         |   | \$           |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | WPP1929233           | 09/21/2021              | 09/21/2022              | COMBINED SINGLE LIMIT (Ea accident)       | \$ Included  |
|          |  |           |          |                      |                         |                         | BODILY INJURY (Per person)                | \$           |
|          |  |           |          |                      |                         |                         | BODILY INJURY (Per accident)              | \$           |
|          |  |           |          |                      |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|          |  |           |          |                      |                         |                         |   | \$           |
| B        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0   |           |          | USL00656920U-34163-4 | 09/21/2021              | 09/21/2022              | EACH OCCURRENCE                           | \$ 2,000,000 |
|          |  |           |          |                      |                         |                         | AGGREGATE                                 | \$ 2,000,000 |
|          |  |           |          |                      |                         |                         |   | \$           |
|          |  |           |          |                      |                         |                         | PER STATUTE                               |              |
|          |  |           |          |                      |                         |                         | OTH-ER                                    |              |
|          |  |           |          |                      |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|          |  |           |          |                      |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|          |  |           |          |                      |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          | 1-SKN-TX-01250461-00 | 09/21/2021              | 09/21/2022              | Limit                                     | \$1,000,000  |
|          |  |           |          |                      |                         |                         | Retention - Each Claim                    | \$1,000      |

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

Total 247 Units

**CERTIFICATE HOLDER****CANCELLATION**

For Information Only 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

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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/5/2021

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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.

| <b>PRODUCER</b><br>Scarbrough Medlin & Associates<br>5700 Granite Pkwy Ste 500<br><br>Plano TX 75024-6640     |        | <b>CONTACT NAME:</b> Kylie Proffitt<br><b>PHONE (A/C. No. Ext):</b> (214)423-3333<br><b>FAX (A/C. No):</b> (214)423-3350<br><b>E-MAIL ADDRESS:</b> kylie@scarbrough-medlin.com<br><b>PRODUCER CUSTOMER ID:</b> 00011266   |  |                               |        |  |       |  |       |  |       |                              |       |            |  |            |  |
|---|--------|---|--|-------------------------------|--------|--|-------|--|-------|--|-------|------------------------------|-------|------------|--|------------|--|
| <b>INSURED</b><br>Prestonwood Country Club Condo Assoc, Inc.<br>15918 Club Crest #1111<br><br>Dallas TX 75248 |        | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Landmark American Insurance Company</td> <td>33138</td> </tr> <tr> <td>INSURER B: The Hanover Insurance Company</td> <td>22292</td> </tr> <tr> <td>INSURER C: Travelers Casualty and Surety</td> <td>31194</td> </tr> <tr> <td>INSURER D: Lloyd's of London</td> <td>15642</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: Landmark American Insurance Company | 33138 | INSURER B: The Hanover Insurance Company | 22292 | INSURER C: Travelers Casualty and Surety | 31194 | INSURER D: Lloyd's of London | 15642 | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC # |   |  |                               |        |  |       |  |       |  |       |                              |       |            |  |            |  |
| INSURER A: Landmark American Insurance Company  | 33138  |   |  |                               |        |  |       |  |       |  |       |                              |       |            |  |            |  |
| INSURER B: The Hanover Insurance Company  | 22292  |   |  |                               |        |  |       |  |       |  |       |                              |       |            |  |            |  |
| INSURER C: Travelers Casualty and Surety  | 31194  |   |  |                               |        |  |       |  |       |  |       |                              |       |            |  |            |  |
| INSURER D: Lloyd's of London  | 15642  |   |  |                               |        |  |       |  |       |  |       |                              |       |            |  |            |  |
| INSURER E:  |        |   |  |                               |        |  |       |  |       |  |       |                              |       |            |  |            |  |
| INSURER F:  |        |   |  |                               |        |  |       |  |       |  |       |                              |       |            |  |            |  |

**COVERAGES**

CERTIFICATE NUMBER: CP2110511060

REVISION NUMBER:

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

15918 Club Crest, Dallas, TX 75248

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                                 |                      | 9/19/2021                          | 9/19/2022                           | <input checked="" type="checkbox"/> BUILDING       | \$ 25,650,526 |
|          | CAUSES OF LOSS   | DEDUCTIBLES          |                                    |                                     | <input type="checkbox"/> PERSONAL PROPERTY         | \$            |
|          | <input type="checkbox"/> BASIC   | BUILDING             |                                    |                                     | <input type="checkbox"/> BUSINESS INCOME           | \$            |
|          | <input type="checkbox"/> BROAD   | \$25,000             |                                    |                                     | <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                                     | SEE BELOW            |                                    |                                     | <input type="checkbox"/> BLANKET PERS PROP         | \$            |
|          | <input checked="" type="checkbox"/> HAIL                                     | SEE BELOW            |                                    |                                     | <input type="checkbox"/> BLANKET BLDG & PP         | \$            |
|          | REPLACEMENT COST   |                      |                                    |                                     | \$   |               |
|          | NO COINSURANCE   |                      |                                    |                                     | \$   |               |
|          | INLAND MARINE  | TYPE OF POLICY       |                                    |                                     | \$   |               |
|          | CAUSES OF LOSS   | POLICY NUMBER        |                                    |                                     | \$   |               |
|          | NAMED PERILS   |                      |                                    |                                     | \$   |               |
| B        | <input checked="" type="checkbox"/> CRIME                                    | BDD-H767520-00       | 9/21/2021                          | 9/21/2022                           | <input checked="" type="checkbox"/> EMPLOYEE THEFT | \$ 750,000    |
|          | TYPE OF POLICY   |                      |                                    |                                     | <input checked="" type="checkbox"/> DEDUCTIBLE     | \$ 7,500      |
| C        | <input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN | BME1-OP875613-TIL-21 | 9/19/2021                          | 9/19/2022                           | <input checked="" type="checkbox"/> LIMIT          | \$ 25,650,526 |
|          |  |                      |                                    |                                     | <input checked="" type="checkbox"/> DEDUCTIBLE     | \$ 1,000      |
| D        | WIND HAIL BUY DOWN   | B1180D211354/010     | 9/19/2021                          | 9/19/2022                           | <input checked="" type="checkbox"/> DEDUCTIBLE     | \$ 100,000    |
|          |  |                      |                                    |                                     |  | \$            |

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

247 Units

**CERTIFICATE HOLDER**

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**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

DON MEDLIN/KYLIE