



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

9/21/2018

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: Lloyd's of London</td> <td>15792</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: Lloyd's of London	15792	INSURER B: Travelers Insurance Company	25674	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: 18-19 Property

REVISION NUMBER:

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

Loc# 00002 Bldg# 00001: 15918 Club Crest #1111 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	s423202-1	9/21/2018	9/21/2019	<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	\$
		SPECIAL				CONTENTS	<input type="checkbox"/> RENTAL VALUE	\$
		EARTHQUAKE				10,000	<input type="checkbox"/> BLANKET BUILDING	\$
		WIND				See Below	<input type="checkbox"/> BLANKET PERS PROP	\$
		FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
	HAIL	See Below	<input checked="" type="checkbox"/> Business Personal Property	\$ 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	9/21/2018	9/21/2019	<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	s423202-1	9/21/2018	9/21/2019	<input checked="" type="checkbox"/> LIMIT	\$ 22,839,282	
		Ordinance or Law				<input checked="" type="checkbox"/> LIMIT	\$ 22,839,282	
A		WIND HAIL DEDUCTIBLE BUY DOWN	18N3171200086	9/21/2018	9/21/2019	<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 50,000	
		SEVERABILITY OF INTEREST				<input checked="" type="checkbox"/> INCLUDED	\$	

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/21/2018

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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).

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 Prestonwood Country Club Condo Assoc, Inc. 15918 Club Crest #1111 Dallas TX 75248		INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company INSURER B: National Surety Corporation INSURER C: Philadelphia Indemnity Insurance Co INSURER D: INSURER E: INSURER F:	
		NAIC #	
		41297	
		21881	
		18058	

COVERAGES

CERTIFICATE NUMBER: 18-19 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 TOTAL UNITS 247 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPS2858587	09/21/2018	09/21/2019	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"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CPS2858587	09/21/2018	09/21/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ Included
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			34163-1	09/21/2018	09/21/2019	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	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			PCAP013069-0118	09/21/2018	09/21/2019	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**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

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