



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

9/27/2022

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 Ste 500 Plano TX 75024-6640		CONTACT NAME: Kylie Proffitt PHONE (A/C. No. Ext): (214)423-3333 FAX (A/C. No): (214)423-3350 E-MAIL ADDRESS: kylie@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: LIO Insurance Company</td> <td>40550</td> </tr> <tr> <td>INSURER B: The Hanover Insurance Company</td> <td>22292</td> </tr> <tr> <td>INSURER C: Lloyds of London</td> <td>15642</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: LIO Insurance Company	40550	INSURER B: The Hanover Insurance Company	22292	INSURER C: Lloyds of London	15642	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: CP2292712927

REVISION NUMBER:

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

15919 PRESTON ROAD 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		9/19/2022	9/19/2023			
	CAUSES OF LOSS	DEDUCTIBLES			<input checked="" type="checkbox"/> BUILDING	\$	
	<input type="checkbox"/> BASIC	BUILDING \$10,000				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 27,500
	<input type="checkbox"/> BROAD	CONTENTS				BUSINESS INCOME	\$
	<input checked="" type="checkbox"/> SPECIAL					EXTRA EXPENSE	\$
	<input type="checkbox"/> EARTHQUAKE	AGREED VALUE				RENTAL VALUE	\$
	<input checked="" type="checkbox"/> WIND	SEE BELOW			COA1000015065-00	<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 43,358,220
	<input checked="" type="checkbox"/> HAIL	SEE BELOW			EXTENDED REPLACEMENT COST		BLANKET PERS PROP
		NO COINSURANCE		BLANKET BLDG & PP	\$		
		4% INFLATION GUARD		<input checked="" type="checkbox"/> COMMON AREA PROPERTY	\$ 50,000		
				<input checked="" type="checkbox"/> ORDINANCE OR LAW A,B,C	\$ 300,000		
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY			\$		
	CAUSES OF LOSS	POLICY NUMBER			\$		
	<input type="checkbox"/> NAMED PERILS				\$		
B	<input checked="" type="checkbox"/> CRIME	BDD-H767520-00	9/21/2022	9/21/2023	<input checked="" type="checkbox"/> EMPLOYEE THEFT	\$ 750,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 7,500	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	COA1000015065-00	9/19/2022	9/19/2023	<input checked="" type="checkbox"/> LIMIT	\$ INCLUDED	
					<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 10,000	
C	WIND HAIL BUY DOWN	22N42637AA0P349	9/19/2022	9/19/2023	<input checked="" type="checkbox"/> WIND/HAIL DEDUCTIBLE	\$ 1%	
						\$	

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

247 Units

CERTIFICATE HOLDER

For Information Only*****
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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

DON MEDLIN/KYLIE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/27/2022

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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 Ste 500 Plano TX 75024-6640		CONTACT NAME: Kylie Proffitt PHONE (A/C, No, Ext): (214) 423-3333 E-MAIL ADDRESS: kylie@scarbrough-medlin.com FAX (A/C, No): (214) 423-3350	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: LIO Insurance Company	NAIC # 40550
		INSURER B: Federal Insurance Company	20281
		INSURER C: Accredited Surety and Casualty Co.	26379
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Prestonwood Country Club Condo Assoc, Inc. 15918 Club Crest #1111 Dallas TX 75248			

COVERAGES**CERTIFICATE NUMBER:** CL2292721623**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 Units - 247 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			COA1000015065-00	09/19/2022	09/19/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
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			COA1000015065-00	09/19/2022	09/19/2023	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 DED <input checked="" type="checkbox"/> RETENTION \$ 0			G74519295	09/21/2022	09/21/2023	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
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			1-SKN-TX-01250461-01	09/21/2022	09/21/2023	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
	Directors & Officers Liability						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**

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AUTHORIZED REPRESENTATIVE

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