		<b>DRD</b> ®	CEF	RTIFICATE OF PI	ROPERTY	INSURA	١N	CE		(MM/DD/YYYY) / 28 / 2023		
С В	ERT ELO	IFICATE DOE W. THIS CER	S NOT AFFIRMA TIFICATE OF IN	A MATTER OF INFORMATION ONLY ITIVELY OR NEGATIVELY AMEND, SURANCE DOES NOT CONSTITUT A, AND THE CERTIFICATE HOLDER	EXTEND OR ALTER	THE COVERAGE	AFF	ORDED BY THE POL	CIES	-		
	f thi	s certificate is	being prepared	d for a party who has an insurable i		rty, do not use this	s for	m. Use ACORD 27 o	r ACO	RD 28.		
	DUCE				NAME: -	ie Proffitt						
		ranite Pkw	n & Associat	tes	PHONE (A/C, No, Ext): (	PHONE (214) 423-3333 FAX (A/C, No): (214) 423-3350						
570		ranice i.w	y Dec 500		E-MAIL ADDRESS: kylie@scarbrough-medlin.com							
Pla	no		тх	PRODUCER 00011266								
						INSURER(S) AFFOR	RDING	COVERAGE		NAIC #		
INSU		nwood Cour	try Club Co	Condo Assoc, Inc.								
		Club Crest	-	nde Abbeev Inc.	INSURER B : The	INSURER B: The Hanover Insurance Company						
100	10	CIUD CIEBU	#1111		INSURER C :							
Dal	las		тх	75248	INSURER D :	INSURER D : INSURER E :						
Dui			14	,5210	INSURER E :							
					INSURER F :							
		AGES		CERTIFICATE NUMBER: CP2392 PERTY (Attach ACORD 101, Additional Remark			RE	VISION NUMBER:				
TI IN C	HIS IS IDIC <i>I</i> ERTI	S TO CERTIFY T TED. NOTWIT FICATE MAY BE	THAT THE POLICI HSTANDING ANY ISSUED OR MAY	NDO ASSOCIATION, DALLAS TX ES OF INSURANCE LISTED BELOW HA REQUIREMENT, TERM OR CONDITION ' PERTAIN, THE INSURANCE AFFORDE ICH POLICIES. LIMITS SHOWN MAY HA	WE BEEN ISSUED TO T I OF ANY CONTRACT C D BY THE POLICIES DI	R OTHER DOCUME	NT V	VITH RESPECT TO WHI	CH TH			
INSR LTR		TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS		
	х	PROPERTY					х	BUILDING	\$	37,336,35		
	CAL	ISES OF LOSS	DEDUCTIBLES				х	PERSONAL PROPERTY	\$	27,50		
		BASIC	BUILDING	]				BUSINESS INCOME	\$			
		BROAD \$25,00 CONTENTS						EXTRA EXPENSE	\$			
А	х	SPECIAL		QCC000062200	9/19/2023	9/19/2024		RENTAL VALUE	\$			
		EARTHQUAKE		]				BLANKET BUILDING	\$			
	х	WIND	SEE BELOW	REPLACEMENT COST				BLANKET PERS PROP	\$			
	FLOOD			NO COINSURANCE				BLANKET BLDG & PP	\$			
	х	HAIL	SEE BELOW	v			х	COMMON AREA PROPERTY	\$	50,00		
							х	ORDINANCE OR LAW A,B,C	\$	500,00		
		INLAND MARINE		TYPE OF POLICY					\$			
	CAUSES OF LOSS								\$			
		NAMED PERILS		POLICY NUMBER					\$			
									\$			
в	X CRIME TYPE OF POLICY			BDD-H767520-00	9/21/2023	9/21/2024	х	EMPLOYEE THEFT	\$	1,200,00		
							х	DEDUCTIBLE	\$	7,50		
							<u> </u>		\$			
Α	X BOILER & MACHINERY / EQUIPMENT BREAKDOWN			QCC000062200	9/19/2023	9/19/2024	X		\$	INCLUDE		
							x	DEDUCTIBLE	\$	25,00		
Α	WIN	D HAIL BUY BACK		23N42637AA0P632	9/19/2023	9/19/2024	х	WIND/HAIL DEDUCTIBLE	\$	370,00		
									\$			
SPEC			ER COVERAGES (At	23N42637AA0P632 tach ACORD 101, Additional Remarks Schedule		9/19/2024	x	WIND/HAIL DEDUCTIBLE				
		ICATE HOLD	ER		CANCELLAT	ION						
CEI	<b>\ I IF</b>											

 ROD MEDLIN/KYLIE
 And Mail

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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 09/28/2023

THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSUR REPRESENTATIVE OR PRODUCER, AN	LY O ANCE	R NE	GATIVELY AMEND, EXTER ES NOT CONSTITUTE A CO	ND OR	ALTER THE O	OVERAGE A	FFORDED BY THE	POLICIES				
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject to												
this certificate does not confer rights to	the c	ertifi	cate holder in lieu of such	n endor	sement(s).							
PRODUCER				CONTACT Kylie Proffitt								
Scarbrough Medlin & Associates				PHONE (214) 423-3333 FAX (214) 423-3350								
5700 Granite Pkwy Ste 500	0						(A/C, No, Ext): (214) 4235355 (A/C, No): (214) 4235355 E-MAIL ADDRESS: kylie@scarbrough-medlin.com					
			TV 75004 0040	INSURER(S) AFFORDING COVERAGE					NAIC #			
Plano	Plano TX 75024-6640							INSURER A: Wesco Ins Co				
Prestonwood Country Club Cor	do As	sociat	ion Inc	INSURE	A	ed Surety and	•		16820 26379			
15918 Club Crest Dr	00713	Sociat		INSURE			Casually CO.		20013			
Club Crest				INSURE								
			TV 75040	INSURE	RE:							
Dallas			TX 75248	INSURE	RF:							
			NUMBER: CL239282564				REVISION NUMBER					
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI OLICIE	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	ACT OR OTHER ES DESCRIBE ED BY PAID CI	R DOCUMENT \ D HEREIN IS S _AIMS.	WITH RESPECT TO WH	HICH THIS				
INSR LTR TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS				
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	<sub>\$</sub> 1,000	),000			
CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence	<sub>se)</sub> \$ 100,0	000			
							MED EXP (Any one persor	n) \$ 5,000	)			
A			WPP1929233 02		09/19/2023	09/19/2024	PERSONAL & ADV INJUR	1.00	),000			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	0,000			
								2.00	),000			
OTHER:							PRODUCTS - COMP/OP A	AGG \$ _,	.,			
							COMBINED SINGLE LIMIT	T \$ Inclu	ded			
ANY AUTO		WPP1929233 02		09/19/2023	09/19/2024	(Ea accident) BODILY INJURY (Per pers	son) \$					
						BODILY INJURY (Per accid	, ,					
					00/10/2020	00,10,2021	PROPERTY DAMAGE	\$				
							(Per accident)	\$				
								4.000				
					00/04/0000	00/04/0004	EACH OCCURRENCE	\$ 1,000				
B EXCESS LIAB CLAIMS-MADE			XUMB22-010310		09/21/2023	09/21/2024	AGGREGATE	\$ 1,000	),000			
DED RETENTION \$ 0								\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER C STATUTE E	OTH- ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1.17						E.L. DISEASE - EA EMPLO	OYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L	IMIT \$				
Directors and Officers Liability							Limit		00,000			
C Directors and Onicers Liability			1-SKN-TX-01250461-01		09/21/2023	09/21/2024	Retention - Each Clair	im \$1,00	)0			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Total 247 Units	ės (AC	CORD 1	01, Additional Remarks Schedule,	may be a	tached if more sj	bace is required)						
CERTIFICATE HOLDER				CANC	ELLATION							
For Information Only For Inform 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.											
			fels Drylla									

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