



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
9/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 Scarborough Medlin & Associates 5800 Granite Pkwy Ste 260 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@scarborough-medlin.com PRODUCER CUSTOMER ID: 00011266
	INSURER(S) AFFORDING COVERAGE INSURER A: Fortegra Specialty Insurance Company INSURER B: The Hanover Insurance Company INSURER C: Liberty Mutual Fire Insurance Company INSURER D: Lloyds of London INSURER E: INSURER F:
NAIC # 16823 22292 23035	
INSURED Prestonwood Country Club Condo Assoc, Inc. 15918 Club Crest #1111 Dallas TX 75248	

COVERAGES

CERTIFICATE NUMBER: CP2592419915

REVISION NUMBER:

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

PRESTONWOOD COUNTRY CLUB CONDO ASSOCIATION, 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	DEDUCTIBLES	LYD000082001	9/19/2025	9/19/2026	<input checked="" type="checkbox"/> BUILDING	\$ 39,045,030	
	CAUSES OF LOSS	BUILDING				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 27,500	
	<input type="checkbox"/> BASIC	\$25,000				<input type="checkbox"/> BUSINESS INCOME	\$	
	<input type="checkbox"/> BROAD	CONTENTS				<input type="checkbox"/> EXTRA EXPENSE	\$	
	<input checked="" type="checkbox"/> SPECIAL					<input type="checkbox"/> RENTAL VALUE	\$	
	EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$	
	<input checked="" type="checkbox"/> WIND	SEE BELOW				<input type="checkbox"/> BLANKET PERS PROP	\$	
	FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$	
	<input checked="" type="checkbox"/> HAIL	SEE BELOW				<input type="checkbox"/> ORDINANCE OR LAW A,B,C	\$ INCLUDED	
						<input type="checkbox"/> COMMON AREA PROPERTY	\$ 200,000	
	INLAND MARINE		TYPE OF POLICY					\$
	CAUSES OF LOSS							\$
	NAMED PERILS		POLICY NUMBER					\$
B	<input checked="" type="checkbox"/> CRIME	BDD-H767520-01		9/21/2025	9/21/2026	<input checked="" type="checkbox"/> LIMIT	\$ 1,200,000	
	TYPE OF POLICY					<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 7,500	
C	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	YB2L9L480904015		9/19/2025	9/19/2026	<input checked="" type="checkbox"/> LIMIT	\$ 39,045,030	
	WIND HAIL BUY BACK		25N39015AA0P265	9/19/2025	9/19/2026	<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 10,000	
D						<input checked="" type="checkbox"/> WIND/HAIL DEDUCTIBLE	\$ 745,000	
						<input checked="" type="checkbox"/> PER OCCURRENCE	\$	

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

247 Units

100% estimated replacement cost

CERTIFICATE HOLDER

CANCELLATION

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 ROD MEDLIN/KYLIE 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/24/2025

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).

PRODUCER		CONTACT NAME: Kylie Proffitt
Scarborough Medlin & Associates 5800 Granite Pkwy Ste 260		PHONE (A/C, No, Ext): (214) 423-3333
Plano TX 75024-6640		FAX (A/C, No): (214) 423-3350
		E-MAIL ADDRESS: kylie@scarborough-medlin.com
		INSURER(S) AFFORDING COVERAGE
		NAIC #
INSURED		INSURER A: United States Liability Insurance Company 25895
Prestonwood Country Club Condo Assoc, Inc. 15918 Club Crest #1111		INSURER B: SiriusPoint America Insurance Company 38776
Dallas TX 75248		INSURER C: Accredited Surety and Casualty Co. 26379
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES		CERTIFICATE NUMBER:		CL2592432109	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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	NPP1637044A	09/19/2025	09/19/2026	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	\$ Included						
	\$						
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	NPP1637044A	09/19/2025	09/19/2026	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"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	XUMB24-106001	09/21/2025	09/19/2026	EACH OCCURRENCE	\$ 1,000,000	
					AGGREGATE	\$ 1,000,000	
						\$	
						\$	
						\$	
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A			PER STATUTE	OTHE- R	
					E.L. EACH ACCIDENT	\$	
					E.L. DISEASE - EA EMPLOYEE	\$	
					E.L. DISEASE - POLICY LIMIT	\$	
						\$	
C	Directors and Officers Liability		1-SKN-TX-01250461-04	09/19/2025	09/19/2026	Limit Retention - Each Claim	\$1,000,000 \$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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