



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

09/30/2026

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.

**PRODUCER**

Howard D Crissey & Associates Agency Inc dba Benefit Resource Group  
6211 W Northwest Hwy Ste 151  
Dallas, TX 75225

CONTACT NAME: Doug Harbison

PHONE (A/C, No, Ext): 214-750-7557

FAX (A/C, No): 214-750-6101

E-MAIL ADDRESS: dharbison@brg-tx.com

PRODUCER  
CUSTOMER ID:**INSURED**

Prestonwood Country Club Condominium Assoc, Inc.  
15918 Club Crest #1111  
Dallas, TX 75248

**INSURER(S) AFFORDING COVERAGE**

NAIC #

INSURER A : Certain Underwriters at Lloyd's/CoverCap

INSURER B : The Hanover Insurance Company

INSURER C : Hartford Steam Boiler Inspection &amp; Insurance Co

INSURER D : Certain Underwriters at Lloyd's

INSURER E :

INSURER F :

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

Prestonwood Country Club Condominium 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                                 | 26-SPP-0355     | 09/19/2026                         | 09/19/2027                          | <input checked="" type="checkbox"/> BUILDING          | \$ 39,245,030 |
|          | CAUSES OF LOSS                                                               |                 |                                    |                                     | <input checked="" type="checkbox"/> PERSONAL PROPERTY | \$ 27,500     |
|          | BASIC                                                                        |                 |                                    |                                     | BUSINESS INCOME                                       | \$            |
|          | BROAD                                                                        |                 |                                    |                                     | EXTRA EXPENSE                                         | \$            |
|          | <input checked="" type="checkbox"/> SPECIAL                                  |                 |                                    |                                     | RENTAL VALUE                                          | \$            |
|          | EARTHQUAKE                                                                   |                 |                                    |                                     | BLANKET BUILDING                                      | \$            |
|          | <input checked="" type="checkbox"/> WIND                                     |                 |                                    |                                     | BLANKET PERS PROP                                     | \$            |
|          | FLOOD                                                                        |                 |                                    |                                     | BLANKET BLDG & PP                                     | \$            |
|          | <input checked="" type="checkbox"/> HAIL                                     |                 |                                    |                                     | <input checked="" type="checkbox"/> Ordinance or Law  | \$ Included   |
|          |                                                                              |                 |                                    |                                     |                                                       | \$            |
|          | <input type="checkbox"/> INLAND MARINE                                       | TYPE OF POLICY  |                                    |                                     |                                                       | \$            |
|          | CAUSES OF LOSS                                                               |                 |                                    |                                     |                                                       | \$            |
|          | <input type="checkbox"/> NAMED PERILS                                        | POLICY NUMBER   |                                    |                                     |                                                       | \$            |
|          |                                                                              |                 |                                    |                                     |                                                       | \$            |
| B        | <input checked="" type="checkbox"/> CRIME                                    | BDD-H767520-01  | 09/21/2024                         | 09/21/2027                          | <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 | FBP2388054      | 09/19/2026                         | 09/19/2027                          | <input checked="" type="checkbox"/> LIMIT             | \$ 39,272,530 |
|          |                                                                              |                 |                                    |                                     |                                                       | \$            |
| D        | WIND & HAIL DEDUCTIBLE BUYBACK                                               | 26N49795AA0P439 | 09/19/2026                         | 09/19/2027                          | Buydown from 2%                                       | \$            |
|          |                                                                              |                 |                                    |                                     |                                                       | \$            |

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

100% Estimated Replacement Cost

**CERTIFICATE HOLDER****CANCELLATION**

For Information Purposes

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/30/2026

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**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must 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>Howard D. Crissey & Associates Agency, Inc. DBA Benefit Resource Group<br>6211 W. Northwest Hwy Suite C151<br>Dallas, TX 75225 | <b>CONTACT NAME:</b> Doug Harbison                          |                                    |
|                                                                                                                                                   | <b>PHONE (A/C, No, Ext):</b> 214-750-7557                   | <b>FAX (A/C, No):</b> 214-750-6101 |
| <b>INSURED</b><br>Prestonwood Country Club Condominium Assoc, Inc.<br>15918 Club Crest #1111<br>Dallas, TX 75248                                  | <b>E-MAIL ADDRESS:</b> dharbison@brg-tx.com                 |                                    |
|                                                                                                                                                   | <b>INSURER(S) AFFORDING COVERAGE</b>                        |                                    |
|                                                                                                                                                   | <b>INSURER A:</b> United States Liability Insurance Company |                                    |
|                                                                                                                                                   | <b>INSURER B:</b> Kinsale Insurance Company                 |                                    |
|                                                                                                                                                   | <b>INSURER C:</b> Philadelphia Indemnity Insurance Company  |                                    |
|                                                                                                                                                   | <b>INSURER D:</b>                                           |                                    |
| <b>INSURER E:</b>                                                                                                                                 |                                                             |                                    |
| <b>INSURER F:</b>                                                                                                                                 |                                                             |                                    |
| <b>NAIC #</b>                                                                                                                                     |                                                             |                                    |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                     | ADDL INSR | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                        |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<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 |           |          | NPP1637044B     | 9/19/2026               | 9/19/2027               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ Included<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS                                                                          |           |          | NPP1637044B     | 9/19/2026               | 9/19/2027               | COMBINED SINGLE LIMIT (Ea accident) \$ Included<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                |
|          | <b>B</b><br><input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED \$ RETENTION \$                                                                                                                           |           |          | 0100479811-0    | 9/25/2026               | 9/19/2027               | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000<br>\$                                                                                                                                                                                  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/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                                                                  |           |          |                 |                         |                         | WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                      |
| C        | Directors and Officers Liability                                                                                                                                                                                                                                                                                                      |           |          | PCAP054567-0126 | 9/19/2026               | 9/19/2027               | LIMIT \$1,000,000<br>Retention - Each Claim \$1,000                                                                                                                                                                                           |

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

**CERTIFICATE HOLDER****CANCELLATION**

For Information Purposes

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AUTHORIZED REPRESENTATIVE

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