



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/6/2020

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.

<b>PRODUCER</b> Scarbrough Medlin & Associates 5700 GRANITE PKWY STE 500		<b>CONTACT NAME:</b> Daniel Holt <b>PHONE (A/C. No. Ext):</b> (214)423-3333 <b>E-MAIL ADDRESS:</b> daniel@scarbrough-medlin.com <b>PRODUCER CUSTOMER ID:</b> 00011266		<b>FAX (A/C. No):</b> (214)423-3350
<b>PLANO TX 75024-6640</b>	<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURED</b> Prestonwood Country Club Condo Assoc, Inc. 15918 Club Crest #1111 Dallas TX 75248	<b>INSURER A:</b> Landmark American Insurance Company			<b>33138</b>
	<b>INSURER B:</b> Travelers Insurance Company			<b>25674</b>
	<b>INSURER C:</b> Travelers Casualty and Surety			
	<b>INSURER D:</b> Lloyd's of London			
	<b>INSURER E:</b>			
<b>INSURER F:</b>				

**COVERAGES**

CERTIFICATE NUMBER: 20-21 Property

REVISION NUMBER:

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

Loc# 00001: Preston Road - Building A 18,186 sq. ft. Dallas TX 75248  
 See Attached Overflow Pages

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	LHD914803 Replacement Cost	9/19/2020	9/19/2021	<input checked="" type="checkbox"/> BUILDING	\$ 25,650,526	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				25,000	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				See Below	<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
<input checked="" type="checkbox"/> HAIL	See Below	<input checked="" type="checkbox"/> REPLACEMENT COST	\$				
				<input checked="" type="checkbox"/> ORDINANCE OR LAW	\$ 25,000		
	<b>INLAND MARINE</b>	TYPE OF POLICY			\$		
	CAUSES OF LOSS	POLICY NUMBER			\$		
	<input type="checkbox"/> NAMED PERILS				\$		
					\$		
B	<input checked="" type="checkbox"/> CRIME	105839254	9/21/2020	9/21/2021	<input checked="" type="checkbox"/> LIMIT	\$ 750,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 7,500	
						\$	
C	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	BME1-0P875613-TIL-20	9/19/2020	9/19/2021	<input checked="" type="checkbox"/>	\$ 25,650,526	
						\$ 1,000	
D	WIND/HAIL DEDUCTIBLE BUY DOWN	2020-21 WHDBB	9/21/2020	9/21/2021	<input checked="" type="checkbox"/>	\$ 100,000	
						\$	

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

ROD MEDLIN/LOWENS



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/06/2020

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).

<b>PRODUCER</b> Scarbrough Medlin & Associates 5700 GRANITE PKWY STE 500  PLANO TX 75024-6640		<b>CONTACT NAME:</b> Daniel Holt <b>PHONE (A/C, No, Ext):</b> (214) 423-3333 <b>FAX (A/C, No):</b> (214) 423-3350 <b>E-MAIL ADDRESS:</b> daniel@scarbrough-medlin.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Scottsdale Insurance Company	<b>NAIC #</b>
<b>INSURED</b>		<b>INSURER B:</b> National Surety Corporation	21881
Prestonwood Country Club Condo Assoc, Inc. 15918 Club Crest #1111		<b>INSURER C:</b> Philadelphia Indemnity Insurance Co	18058
Dallas TX 75248		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 20-21 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"/> <b>COMMERCIAL GENERAL LIABILITY</b>			CPS7243949	09/21/2020	09/21/2021	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							Hired/Non-owned Auto	\$ Inc. in CG	
A	<b>AUTOMOBILE LIABILITY</b>			CPS7243949	09/21/2020	09/21/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ INCLUDED	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			SUO00032415325-34163-3	09/21/2020	09/21/2021	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							\$	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$	
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			PCAP013069-0318	09/21/2020	09/21/2021	PER STATUTE	OTHE-R	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
	<b>DIRECTORS &amp; OFFICERS LIABILITY</b>						LIMIT	\$1,000,000	
	<b>CYBER LIABILITY \$100,000</b>						DEDUCTIBLE	\$1,000	

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

247 Units

**CERTIFICATE HOLDER****CANCELLATION**

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AUTHORIZED REPRESENTATIVE

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