

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/3/2017

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 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)

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PRODUCER			CONTACT MICHELE DAY				
Scarbrough Medlin & Associates			PHONE (A/C, No, Ext): (214)423-3333 FAX (A/C, No): (214)423-3				
5700 Granite Pkwy, #500			E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com				
			INSURER(S) AFFORDING COVERAGE		NAIC #		
Plano	TX	75024	INSURER A : Republic Lloyds		19208		
INSURED			INSURER B: Great American Insurance	Со	16691		
Chateau Du Lac HOA			INSURER C:Liberty Insurance Underwr	iters	19917		
Legacy Southwe	est Property	Management, LP	INSURER D :				
5760 Legacy Dr. Ste B3-425			INSURER E :				
Plano	TX	75024	INSURER F:				

#### COVERAGES CERTIFICATE NUMBER:17-18 Liability

**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		ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	INOD WVD	. 52.5 . 1022.1	(MINI) DD, T T T T	(MINITED TO	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	TOTAL UNITS 30		CMP 5545518	11/7/2017	11/7/2018	MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:					Republic PLUS	\$
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ Included
	ANY AUTO		CMP 5545518	11/7/2017	11/7/2018	BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 10,000,000
В	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 10,000,000
	DED RETENTION \$		UM30083863	11/7/2017	11/7/2018		\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	117.6				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
С	DIRECTORS & OFFICERS		CAP034005-0216	11/7/2017	11/7/2018	LIMIT	\$1,000,000
	LIABLITY					DEDUCTIBLE	\$1,000

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

Legacy Southwest Property Management, LP, is an additional insured in regards to General Liability and

Directors and Officers Liability.

CERTIFICATE HOLDER	CANCELLATION
For Information Purposes For Information Purposes 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.
For Information Purposes	AUTHORIZED REPRESENTATIVE
For Information Purposes	ROD MEDLIN/MRD

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PRODUCER			CONTACT NAME: MICHELE DAY					
Scarbrough Med	lin & Assoc	iates	PHONE (A/C, No, Ext): (214)423-3333 FAX (A/C, No): (214)423-33					
			E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com					
			INSURER(S) AFFORDING COVERAGE		NAIC #			
Plano	TX	75024	INSURER A: Republic Lloyds		19208			
INSURED			INSURER B: Great American Insurance	Co	16691			
Chateau Du Lac	HOA		INSURER C:Liberty Insurance Underwr	iters	19917			
Legacy Southwes	st Property	Management, LP	INSURER D:					
5760 Legacy Dr. Ste B3-425			INSURER E:					
Plano	TX	75024	INSURER F:	·	·			

#### COVERAGES CERTIFICATE NUMBER:17-18 Liability

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INSR		E OF INSURANCE	ADDL SUBR		POLICY EFF	POLICY EXP	LIMIT	e
LTR		IAL GENERAL LIABILITY	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
	X COMMERC	IAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
A	CLAIN	IS-MADE X OCCUR					PREMISES (Ea occurrence)	\$ 100,000
	TOTAL	UNITS 30		CMP 5545518	11/7/2017	11/7/2018	MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREG	ATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY	PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						Republic PLUS	\$
A	AUTOMOBILE L	ABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ Included
	ANY AUTO			CMP 5545518	11/7/2017	11/7/2018	BODILY INJURY (Per person)	\$
	ALL OWNE AUTOS	D SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AU	NON-OWNED					PROPERTY DAMAGE (Per accident)	\$
							,	\$
	X UMBRELL	LIAB X OCCUR					EACH OCCURRENCE	\$ 10,000,000
В	EXCESS LI	AB CLAIMS-MADE					AGGREGATE	\$ 10,000,000
	DED	RETENTION \$		UM30083863	11/7/2017	11/7/2018		\$
	WORKERS COM AND EMPLOYER	OLL LA DU 1774					PER OTH- STATUTE ER	
	ANY PROPRIETO	R/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		JIN / A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
C	DIRECTORS	& OFFICERS		CAP034005-0216	11/7/2017	11/7/2018	LIMIT	\$1,000,000
	LIABLITY						DEDUCTIBLE	\$1,000
	· <del>-</del>						-	, , , , , , ,

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

Legacy Southwest Property Management, LP, is an additional insured in regards to General Liability and

Directors and Officers Liability.

CERTIFICATE HOLDER	CANCELLATION

Legacy Southwest Property Management, LP 5760 Legacy Dr. Ste B3-425 Plano, TX 75024

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/MRD

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# CERTIFICATE OF PROPERTY INSURANCE

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If this certificate is being prepared for a party who has an insurable inte	1 1 27	ACORD 28.				
PRODUCER	CONTACT MICHELE DAY					
Scarbrough Medlin & Associates	PHONE (A/C, No, Ext): (214)423-3333 FAX (A/C, No): (214)4	23-3350				
5700 Granite Pkwy, #500	E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com					
Plano TX 75024	PRODUCER CUSTOMER ID: 00010357					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURED	INSURER A: Republic Lloyds	19208				
Chateau Du Lac HOA	INSURER B:					
Legacy Southwest Property Management, LP	INSURER C:					
5760 Legacy Dr. Ste B3-425	INSURER D:					
Plano TX 75024	INSURER E :					
	INSURER F:					

**COVERAGES** CERTIFICATE NUMBER:17-18 Property **REVISION NUMBER:** 

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Loc# 00001 Bldg# 00001: 2106 CAVALIER WAY FLOWER MOUND TX 75022558

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 IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS
	х	PROPERTY						BUILDING	\$
	CAL	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$
		BASIC	BUILDING					BUSINESS INCOME	\$
		BROAD	CONTENTS	_				EXTRA EXPENSE	\$
A	х	SPECIAL		CMP 5545518	11/7/2017	11/7/2018		RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
		WIND						BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
	х	Deductible	1,00	0			х	Common Areas Only	\$ 1,286,243
							х	Replacement Cost	\$ •
		INLAND MARINE		TYPE OF POLICY					\$
	CAL	JSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
Α	х	CRIME		CMP 5545518	11/7/2017	11/7/2018	х	LIMIT	\$ 50,000
	TYP	PE OF POLICY					х	DEDUCTIBLE	\$ 500
								]	\$ ,,,,
		BOILER & MACH							\$
	EQUIPMENT BREAKDOWN		EAKDOWN						\$
									\$
									\$

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

Legacy Southwest Property Management, LP, is an additional insured in regards to Crime

CERTIFICATE HOLDER	CANCELLATION
For Information Purposes 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.
For Information Purposes For Information Purposes For Information Purposes	AUTHORIZED REPRESENTATIVE
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If this certificate is being prepa	ared for a party who has an insurable inte	rest in the property, do not use this form. Use	ACORD 27 or A	ACORD 28.			
PRODUCER		CONTACT MICHELE DAY					
Scarbrough Medlin & Asso	ciates	PHONE (A/C, No, Ext): (214)423-3333 FAX (A/C, No): (214)423-3					
5700 Granite Pkwy, #500		E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com					
Plano TX	TX 75024	PRODUCER CUSTOMER ID: 00010357					
		INSURER(S) AFFORDING COVERAGE		NAIC #			
INSURED		INSURER A: Republic Lloyds		19208			
Chateau Du Lac HOA		INSURER B:					
Legacy Southwest Propert	• •	INSURER C:					
5760 Legacy Dr. Ste B3-425		INSURER D:					
Plano TX	75024	INSURER E :					
		INSURER F :					

COVERAGES CERTIFICATE NUMBER:17-18 Property REVISION NUMBER:

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

Loc# 00001 Bldg# 00001: 2106 CAVALIER WAY FLOWER MOUND TX 75022558

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INSR LTR			SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	х	PROPERTY						BUILDING	\$
	CAL	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$
		BASIC	BUILDING					BUSINESS INCOME	\$
		BROAD	CONTENTS					EXTRA EXPENSE	\$
A	х	SPECIAL		CMP 5545518	11/7/2017	11/7/2018		RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
		WIND						BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
	х	Deductible	1,000				х	Common Areas Only	\$ 1,286,243
							х	Replacement Cost	\$ 
		INLAND MARINE	<u>.</u>	TYPE OF POLICY					\$
	CAL	JSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
Α	х	CRIME		CMP 5545518	11/7/2017	11/7/2018	х	LIMIT	\$ 50,000
	TYP	PE OF POLICY					х	DEDUCTIBLE	\$ 500
								1	\$
		BOILER & MACH							\$
		EQUIPMENT BR	EAKDOWN					1	\$
									\$
								1	\$

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

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CERTIFICATE HOLDER CA	NCELLATION
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Legacy Southwest Property Management, LP 5760 Legacy Dr. Ste B3-425 Plano, TX 75024

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AUTHORIZED REPRESENTATIVE

ROD MEDLIN/MRD

Al Drylle