



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/7/2019

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).

PRODUCER Scarbrough Medlin & Associates 5700 Granite Pkwy, #500 Plano TX 75024	CONTACT NAME: Michele Day PHONE (A/C, No, Ext): (214)423-3333 E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com	FAX (A/C, No): (214)423-3350
	INSURER(S) AFFORDING COVERAGE	
INSURED Liberty Townhomes c/o Legacy Southwest Property Management 8868 John Hickman Parkway #801 Frisco TX 75034	INSURER A: Evanston Insurance Company	NAIC # 35378
	INSURER B: Great American Insurance Co	NAIC # 16691
	INSURER C: Philadelphia Indemnity Insurance Co	NAIC # 18058
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 19-20 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	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 TOTAL UNITS 19 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WPP1820348	7/1/2019	7/1/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Excluded
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			WPP1820348	7/1/2019	7/1/2020	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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UM30167086	7/1/2019	7/1/2020	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
							\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	DIRECTORS & OFFICERS LIABILITY			PCAP008068-0218	7/1/2019	7/1/2020	LIMIT	\$1,000,000
							DEDUCTIBLE	\$1,000

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

CERTIFICATE HOLDER**CANCELLATION**

For Information Purposes
 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.

AUTHORIZED REPRESENTATIVE

ROD MEDLIN/MRD

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PRODUCER Scarbrough Medlin & Associates 5700 Granite Pkwy, #500 Plano TX 75024	CONTACT NAME: Michele Day PHONE (A/C, No, Ext): (214)423-3333 E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com	FAX (A/C, No): (214)423-3350
	INSURER(S) AFFORDING COVERAGE	
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	INSURER B: Great American Insurance Co	16691
	INSURER C: Philadelphia Indemnity Insurance Co	18058
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 19-20 Liability

REVISION NUMBER:

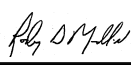
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR TOTAL UNITS 19 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WPP1820348	7/1/2019	7/1/2020	EACH OCCURRENCE	\$ 1,000,000
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							GENERAL AGGREGATE	\$ 2,000,000
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							BODILY INJURY (Per accident)	\$
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							\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UM30167086	7/1/2019	7/1/2020	EACH OCCURRENCE	\$ 1,000,000
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C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	DIRECTORS & OFFICERS LIABILITY			PCAP008068-0218	7/1/2019	7/1/2020	LIMIT	\$1,000,000
							DEDUCTIBLE	\$1,000

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

Legacy Southwest is additional insured as respects to the General Liability and Directors & Officers Liability

CERTIFICATE HOLDER**CANCELLATION**

Legacy Southwest Property Management LP 8868 John Hickman Parkway #801 Frisco, TX 75034	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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ACORD 25 (2014/01)

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INS025 (201401)

COMMENTS/REMARKS

5959, 5995, 5977, 6013, 6031, 6049, 6067 Page St. Frisco, TX 75034

8435, 8447, 8459, 8471, 8483, 8495, 8511, 8527, 8543, 8559, 8575, 8591 Jacob St Frisco, TX 75034

8430, 8442, 8466, 8538, 8554, 8570, 8586 N Church St. Frisco, TX 75034



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

8/7/2019

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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 Scarbrough Medlin & Associates 5700 Granite Pkwy, #500 Plano TX 75024	CONTACT NAME: Michele Day PHONE (A/C. No. Ext): (214)423-3333 E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com	FAX (A/C. No): (214)423-3350	
	PRODUCER CUSTOMER ID: 00012412		
INSURED Liberty Townhomes c/o Legacy Southwest Property Management 8868 John Hickman Parkway #801 Frisco TX 75034	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Ammerican Capital Insurance		11059
	INSURER B: Lloyd's of London		32727
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

CERTIFICATE NUMBER:19-20 Property

REVISION NUMBER:

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

Loc 0001 - Page Street Plano TX 75024

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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	CI-TX-000832-001	7/1/2019	7/1/2020	<input checked="" type="checkbox"/> BUILDING	\$ 5,846,600		
		CAUSES OF LOSS				DEDUCTIBLES			
		BASIC				BUILDING			
		BROAD				5,000			
		SPECIAL				CONTENTS			
		EARTHQUAKE							
	<input checked="" type="checkbox"/>	WIND				See Below			
	<input checked="" type="checkbox"/>	FLOOD							
<input checked="" type="checkbox"/>	HAIL	See Below							
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY							
	CAUSES OF LOSS	POLICY NUMBER							
	<input type="checkbox"/> NAMED PERILS								
	<input type="checkbox"/> CRIME	TYPE OF POLICY							
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	CI-TX-000832-001	7/1/2019	7/1/2020	<input checked="" type="checkbox"/> LIMIT	\$ 5,846,600		
						<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 5,000		
B		WIND/HAIL DEDUCTIBLE	19N3157500029	7/1/2019	7/1/2020	<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 10,000		
		BUY DOWN					\$		

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

Legacy Southwest is additional insured as respects to the Crime

CERTIFICATE HOLDER

Legacy Southwest Property Management LP
 8868 John Hickman Parkway #801
 Frisco, TX 75034

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/MRD

COMMENTS/REMARKS

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