



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

6/29/2021

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.

PRODUCER Scarbrough Medlin & Associates 5700 Granite Pkwy Ste 500 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@scarbrough-medlin.com PRODUCER CUSTOMER ID: 00012412	
INSURED Liberty Townhomes Legacy Southwest Property Management 8668 John Hickman Parkway #801 Frisco TX 75034		INSURER(S) AFFORDING COVERAGE INSURER A: American Risk Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 12898	

COVERAGES

CERTIFICATE NUMBER: CP2162910641

REVISION NUMBER:

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

Liberty Townhomes

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	CF120173-00 REPLACEMENT COST 80% COINSURANCE	5/13/2021	5/13/2022	<input checked="" type="checkbox"/> BUILDING	\$ 8,939,400	
		CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
		BASIC				BUILDING \$10,000	<input type="checkbox"/> BUSINESS INCOME	\$
		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				2%	<input type="checkbox"/> BLANKET PERS PROP	\$
	FLOOD		<input type="checkbox"/> BLANKET BLDG & PP	\$				
	<input checked="" type="checkbox"/> HAIL	2%		\$				
	<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					\$		
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$		
						\$		
						\$		
						\$		

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

CERTIFICATE HOLDER

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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

DON MEDLIN/KYLIE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/29/2021

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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 Scarbrough Medlin & Associates 5700 Granite Pkwy Ste 500 Plano TX 75024-6640		CONTACT NAME: Kylie Proffitt PHONE (A/C, No, Ext): (214) 423-3333 E-MAIL ADDRESS: kylie@scarbrough-medlin.com	FAX (A/C, No): (214) 423-3350																					
INSURED Liberty Townhomes Legacy Southwest Property Management 8668 John Hickman Parkway #801 Frisco TX 75034		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Wesco Insurance Company</td> <td></td> <td>25011</td> </tr> <tr> <td>INSURER B: Great American Alliance Insurance Company</td> <td></td> <td>26832</td> </tr> <tr> <td>INSURER C: Accredited Surety and Casualty Co.</td> <td></td> <td>26379</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Wesco Insurance Company		25011	INSURER B: Great American Alliance Insurance Company		26832	INSURER C: Accredited Surety and Casualty Co.		26379	INSURER D:			INSURER E:			INSURER F:		
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COVERAGES

CERTIFICATE NUMBER: CL2162917647

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WPP1820348 02	07/01/2021	07/01/2022	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	\$ 2,000,000
								\$
A	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			WPP1820348 02	07/01/2021	07/01/2022	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			UM30209799	07/01/2021	07/01/2022	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
							PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
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 <input type="checkbox"/> N / A			DC2134514	07/01/2021	07/01/2022	Limit	\$1,000,000
							Retention - Each Claim	\$1,000

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

CERTIFICATE HOLDER**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

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