

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/6/2023

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).

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-	DUCER	CONTACT Services										
Tower Street Insurance P O Box 803506						PHONE (A/C, No, Ext): 469-788-8888 FAX (A/C, No): 469-788					3-8888	
Dallas TX 75380-3506						E-MAIL ADDRESS: services@towerstreetinsurance.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
License#: BR-1607120											28665	
INSURED VILLOFM-01						INSURER B:						
Villas Of Middleton Townhome Owners Association Inc						INSURER C:						
C/O Essex Management 1512 Crescent Dr						INSURER D :						
Carrollton TX 75006						INSURER E :						
						INSURER F:						
CO	VERAGES CER	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			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS			
A	X COMMERCIAL GENERAL LIABILITY	INOD	WVD	EPP 0646418		2/28/2023	2/28/2024			\$ 1,000	000	
	CLAIMS-MADE X OCCUR						2,23,232	DAMAGE TO RENTED 500		\$ 500,0		
										\$ 10,00		
								( ) = =   = = , , , ,		\$ 1,000		
	OFAIL ACCRECATE LIMIT APPLIES DED.									\$ 2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC									\$2,000		
	OTHER:							PRODUCTS - COMP	-/OF AGG	\$ 2,000	,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$		
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person) \$				
	OWNED SCHEDULED							BODILY INJURY (Pe		\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
Α	X UMBRELLA LIAB X OCCUR			EPP 0646418		2/28/2023	2/28/2024	EACH OCCURRENCE \$1,000		000		
	EXCESS LIAB CLAIMS-MADE					2,20,2020	2,20,202	AGGREGATE	<i>)</i> E	\$ 1,000	,000	
	DED RETENTION\$							\$				
	NORKERS COMPENSATION						PER STATUTE	OTH- ER	Ψ			
AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT \$		•		
	OFFICERMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$				
								E.L. DISEASE - POL		\$		
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DISLAGE - FOL	ICT LIWIT	Ψ		
DES	LCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  **FOR INFORMATION ONLY**												
CE	RTIFICATE HOLDER				CANC	ANCELLATION						
CE	KTIFICATE HOLDER		CANC	CAROLLLATION								
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
**INSURED'S COPY**						AUTHORIZED REPRESENTATIVE						
						CleVelat						