

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CC         CERTIFICATE DOES NOT AFFIRMATIVELY OR REGATIVELY ANEAD, EXTEND OR ALTER THE COVERAGE AFF         BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUIG I         REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.         IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy (es) must have ADDITIONAL INSURED         If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an end this certificate holder in lieu of such endorsement(s).         PRODUCER         Solidarity Insurance         4570 Westgrove Dr.         Suite 273         Addison         Lakeshore Terrace Townhome Owners Association Inc.         Merriweather Dr Riverwalk         Flower Mound         THIS IS TO CERTIFICATE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED THE INSURER NAMED ADDI         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN RISULED THE INSURANCE ON APPORTATION OF ANY CONTRACT OR THE R. DOLUMENT WIT         THIS IS TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED EN THE POLICIES DESCRIBED HEREIN IS SUE TO THE INSURANCE AFFORDED BY THE POLICES DESCRIBED MERE.         TYPE OF INSURANCE       FUPOLOCY EFF         COVERAGE       OCUMERATION OF ANY POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.         MAN ADDO       OCUMERATION OF AN	PRDED BY TH         NSURER(S), A         provisions or         pr	AUTHORIZED be endorsed. statement on 439-2487 NAIC # 35378 20702
If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an end this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).       CONTACT       Lizette Gonzalez         PRODUCER       CONTACT       Lizette Gonzalez       PHONE         Solidarity Insurance       ADDRESS       Contactu @ Solidarity Insurance         4570 Westgrove Dr.       MSURERS       Insurer(s) Arronome Coverade         Addison       TX 75001       Insurer(s) Arronome Coverade         Addison       TX 75001       Insurer(s) Arronome Coverade         Merriweather Dr Riverwalk       Insurer a : Evanation Insurance Company         Flower Mound       TX 75028       Insurer a : More Insure Coverade         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE NAMED ABDO       Revision NUE         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE NAMED ABDO       Revision NUE         COVERAGES       CERTIFICATE NUMBER       Revision NUE         TYPE OF INSURANCE       AFFORDMONE APFORDED ED FOR DISCHED HERIN IS SUE       Revision NUE         THIS IS TO CERTIFY THAT THE POLICIES INSURANCE AFFORDED ED THE INSURED NAMED ABDO       Revision NUE       Revision NUE         COMMERCIAL GENERAL LIABULTY       Insurer(A : Centrify Canton Sol Subc/) NUE       POLICY NUMBER       Revision NUE	FAX (A/C, No):         (817)           FBER:         (817)           // E FOR THE PC         (817)           // E FOR THE PC         (817)           // E FOR THE PC         100	xastatement on         xastat
PRODUCER       CONTACT       Lizette Gonzalez         Solidarity Insurance       4570 Westgrove Dr.       Prover Ent. (214) 206-8999       Lizette Gonzalez         4570 Westgrove Dr.       Sulid 273       Insurer (214) 206-8999       Lizette Gonzalez         Addison       TX 75001       Insurer (214) 206-8999       Insurer (214) 206-8999         Insurer (214) 206-8999       Insurer (214) 206-8999       Insurer (214) 206-8999       Insurer (214) 206-8999         Mathetic Dr.       Insurer (214) 206-8999       Insurer (214) 206-8999       Insurer (214) 206-8999         Insurer (214) 206-8999       Insurer (214) 206-8999       Insurer (214) 206-8999       Insurer (214) 206-8999         Insurer (214) 206-8999       Insurer (214) 206-8999       Insurer (214) 206-8999       Insurer (214) 206-8999       Insurer (214) 206-8999         Insurer (214) 206-8999       Insurer (214) 206-8999       Insurer (216) 206-899       Insurer (	IBER: /E FOR THE PC H RESPECT TO BJECT TO ALL LIMITS CE \$ 1,0	NAIC # 35378 20702
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Suite 273       INSURER(3) AFFORDING COVERAGE         Addison       TX 75001       INSURER A: EVanston Insurance Company         INSURE D       Insurer B: Ace Fire Underwriters Ins Co         Insurer B:       Lakeshore Terrace Townhome Owners Association Inc. Merriweather Dr Riverwalk       Insurer B: Ace Fire Underwriters Ins Co         Insurer B:       Flower Mound       TX 75028       Insurer B: Insurer C: Insurer B:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LUSTED BELOW HAVE BEEN ISSUED TO THE INSURER DOCUMENT WIT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN TS SU EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.         INSURER C:       Insurer C: Insurer D: Insurer Document Trem On ConDITION OF ANY CONTRACT OR OTHER DOCUMENT WIT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SU EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.         INSURER C:       Insurer D: Insu	LIMITS	35378 20702
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ANY AUTO       Image: Constraint of the second	\$	
OWNED       SCHEDULED         AUTOS ONLY       AUTOS         HIRED       NON-OWNED         AUTOS ONLY       NON-OWNED         AUTOS ONLY       AUTOS ONLY         UMBRELLA LIAB       OCCUR         EXCESS LIAB       CLAIMS-MADE         DED       RETENTION \$         WORKERS COMPENSATION       PER         AND EMPLOYERS' LIABILITY       Y/N         AND PROPIETOR/PARTNER/EXECUTIVE       Y/N         OFFICER/MEMBER EXCLUDED?       N/A         If yes, describe under       DESCRIPTION OF OPERATIONS below	Ψ	
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UMBRELLA LIAB     OCCUR     EACH OCCURRENT       EXCESS LIAB     CLAIMS-MADE     AGGREGATE       DED     RETENTION \$     PER       WORKERS COMPENSATION     PER       AND EMPLOYERS' LIABILITY     Y/N       ANY PROPRIETOR/PARTNER/EXECUTIVE     Y/N       If yes, describe under     DEO       DESCRIPTION OF OPERATIONS below     N/A	, .	
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ANV PROPRIED ERS LIABLET Y/N ANY PROPRIED TOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below L.L. DISEASE - POL E.L. DISEASE - POL E.L. DISEASE - POL	OTH- ER	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA E.L. DISEASE - POL E.L. DISEASE - PO		
Doductible:	MPLOYEE \$	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         Coverage has been placed on a "walls out" basis, and contains coverage for common areas pee the CC&R. Currently 35 units listed         Certificate Holder         Certificate Holder	ed	
SHOULD ANY OF THE ABOVE DESCRIBED POLIC THE EXPIRATION DATE THEREOF, NOTICE ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE		
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