

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 04/06/2021

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.

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)

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PROI	DUCER	CONTACT Kylie Proffitt										
Scarbrough Medlin & Associates						I EAV					123-3350	
5700	0 Granite Pkwy Ste 500				E-MAIL ADDRESS: kylie@scarbrough-medlin.com							
					INSURER(S) AFFORDING COVERAGE							
Plan	no			TX 75024-6640	INSURER A: Wesco Insurance Co.					25011		
INSU	RED	INSURER B: Accredited Surety and Casualty Co.						26379				
	HOA of Brentwood Place				INSURER C :							
	c/o LSWPM				INSURER D :							
	8668 John Hickman Pkwy #801				INSURER E :							
	Frisco			TX 75034	INSURER F:							
CO	VERAGES CERT	ΓIFIC	ATE I	NUMBER: CL214617041								
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 (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY		1			<b>(</b>	(a==,,	EACH OCCURRENC	<sub>\$</sub> 1,00	0,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 100,000		
	02 11110 111112 [1-3] 000011							MED EXP (Any one person)		\$ 5,000		
Α				WPP1814196-02		04/03/2021	04/03/2022	PERSONAL & ADV INJURY		\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:				ļ			GENERAL AGGREGATE		\$ 2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMF		·	0,000	
	OTHER:							TROBUGIO COMI	701 7100	\$		
	TOMOBILE LIABILITY				-			COMBINED SINGLE LIMIT (Ea accident)		\$ Inclu	ıded	
	ANY AUTO					04/03/2021	04/03/2022	BODILY INJURY (Per person) \$				
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			WPP1814196-02				BODILY INJURY (Per accident) \$		\$		
	HIRED AUTOS ONLY ANON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	NT.	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		\$		
								E.L. DISEASE - POL		\$		
	Directors & Officers Liability	sectors 9 Officers Linkillia.						Limit		\$1,0	00,000	
В	Directors & Officers Liability			DC2134032		04/03/2021	04/03/2022	Retention - Each	Claim	\$1,0	00	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	ttached if more sp	ace is required)		•			
CEF	RTIFICATE HOLDER	ELLATION										
For Information Only************************************						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										

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorsement. A state	ement o	on		
	DUCER		, o	Date Helder III Hed or eder	CONTACT Kylie Proffitt							
Scarbrough Medlin & Associates						PHONE (214) 423-3333 FAX (214) 423-3350						
5700 Granite Pkwy Ste 500						(A/C, No, Ext): (A/C, No): (E-17) 120 0000 (A/C, No): (E-17) 120 0000						
0.0	o Granico i kiny dia dad				ADDRESS. 7							
Plai	00			TX 75024-6640		NAIC # 25011						
					INSURE	26379						
INSURED						INSURER B: Accredited Surety and Casualty Co.						
HOA of Brentwood Place c/o LSWPM						INSURER C:						
						INSURER D:						
8668 John Hickman Pkwy #801 Frisco TX 75034					INSURE							
		TIEIC	ATE	NUMBER: CL214617041	INSURER F:							
_	HIS IS TO CERTIFY THAT THE POLICIES OF			ITO III D E IT.	ISSUED	TO THE INSUE	SED NAMED AI	REVISION NUMBER:	IOD			
	DICATED. NOTWITHSTANDING ANY REQUI											
	ERTIFICATE MAY BE ISSUED OR MAY PERT							UBJECT TO ALL THE TERMS	,			
INSR	KCLUSIONS AND CONDITIONS OF SUCH PC I		S. LIM		POLICY FEE   POLICY FXP							
LTR	TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)		(MM/DD/YYYY)	LIMITS		0,000		
								EACH OCCURRENCE DAMAGE TO RENTED	100	<u> </u>		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	Ψ E 00			
Α	<del>                                     </del>			WPP1814196-02		04/02/2024	04/00/0000	MED EXP (Any one person)	\$ 5,000			
Α.				WFF1014190-02		04/03/2021	04/03/2022	PERSONAL & ADV INJURY	2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Φ .			
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	φ .	00,000		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1001	ıdad		
								(Ea accident)	\$ Included \$			
_	ANY AUTO OWNED SCHEDULED		WPP1814196-02			04/03/2021	04/03/2022	BODILY INJURY (Per person)	\$			
Α	AUTOS ONLY HIRED AUTOS NON-OWNED							BODILY INJURY (Per accident)  PROPERTY DAMAGE				
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	LIMPRELLA LIAR	-							\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$			
	AND EMPLOYERS' LIABILITY Y/N							STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. EACH ACCIDENT	\$			
								E.L. DISEASE - EA EMPLOYEE	\$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT Limit	\$ ¢1 ∩	000,000		
В	Directors & Officers Liability			DC2134032		04/03/2021	04/03/2022	Retention - Each Claim	\$1,0 \$1,0	,		
Ь				DG2134032		04/03/2021	04/03/2022	Retention - Each Claim	φ1,U	00		
DEC	COURTION OF OREDATIONS / LOCATIONS / VEHICL	FC (A)	2000 4	Od. Additional Demonto Cabadula								
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL acy Southwest is additional insured as resp	-			=	-	ace is required)					
Leg	acy Southwest is additional insured as resp	ecis i	o the G	seneral Liability and Directors	Liability	,						
CEI	RTIFICATE HOLDER				CANC	ELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANC									CELLE	) REFORE		
					THE	EXPIRATION D	ATE THEREO	F, NOTICE WILL BE DELIVER				
	Legacy Southwest Property Ma	nager	nent		ACCORDANCE WITH THE POLICY PROVISIONS.							
	8868 John Hickman Parkway #8	301			AUTHORITED DEDDESCRITATIVE							
					AUTHORIZED REPRESENTATIVE							
Frisco TX 75034						10. 0 2.0%.						

Nan R Orelle