		DRD	CFF	RTIFICATE OF PR	OPFRT)					(MM/DD/YYYY)		
CI BI	ERT	IFICATE DOB W. THIS CE	E IS ISSUED A ES NOT AFFIR RTIFICATE OF	S A MATTER OF INFORMATION ON MATIVELY OR NEGATIVELY AMEN INSURANCE DOES NOT CONSTIT IR, AND THE CERTIFICATE HOLDER	NLY AND CONFE ID, EXTEND OR IUTE A CONTRA	RS NO RIGHTS	UPC	N THE CERTIFICA	ТЕ НС ВҮ ТН	E POLICIES		
I	f thi	s certificate i	s being prepare	ed for a party who has an insurable i	nterest in the pro	perty, do not use	this	form. Use ACORD	27 or	ACORD 28.		
PRO	DUCE	R		· · · ·	CONTACT MIC							
		-	lin & Assoc	iates		214)423-3333		FAX (A/C, No):	(214)4	23-3350		
570	0 0	Granite PM	cwy, #500		É-MAIL	heleD@scarbro	oug	h-medlin.com				
Pla			πv	75034	PRODUCER CUSTOMER ID:	0012055						
PIa	no		IX	75024	COSTOWER ID.			COVERAGE		NAIC #		
INSU	RED					INSURER(S) AFFORDING COVERAGE						
The	v	illages of	E Carmel HO	A, Inc.	_							
c/c	) Le	egacy Sout	thwest Prop	erty Mgmt	INSURER B :							
57¢	0 1	Legacy Dr			INSURER C :							
Pla	no		тх	75024	INSURER D :							
					INSURER E :							
	/= D	4.050		OFFICIATE NUMBER 18 10 P	INSURER F :		<b>DC</b> 1					
		AGES		CERTIFICATE NUMBER:17-18 Pa ROPERTY (Attach ACORD 101, Additional Rema			REV	ISION NUMBER:				
T⊦ IN CE	IIS II DICA	S TO CERTIFY ATED. NOTWI FICATE MAY I	THSTANDING AN BE ISSUED OR I	TX 76208 ICIES OF INSURANCE LISTED BELOW VY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFC SUCH POLICIES. LIMITS SHOWN MAY HA	on of any cont prded by the po	RACT OR OTHER	DOC D HI	UMENT WITH RESPI	ЕСТ ТС	O WHICH THIS		
INSR LTR		TYPE OF IN		POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION		COVERED PROPERTY		LIMITS		
	х	PROPERTY			,			BUILDING	\$			
ł		JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$			
		BASIC	BUILDING					BUSINESS INCOME	-			
		BROAD						EXTRA EXPENSE	\$			
	v	SPECIAL	CONTENTS		0/7/0017	2/7/2010		RENTAL VALUE	\$			
A	х			CMP 5561892	2/7/2017	2/7/2018			\$			
		EARTHQUAKE						BLANKET BUILDING	\$			
		WIND		-				BLANKET PERS PROP	\$			
		FLOOD		-				BLANKET BLDG & PP	\$			
	х	DEDUCTIBLE	1,000	-			X	COMMON AREAS ONLY	\$	1,000,00		
			_				X	Equipment Breakdown	\$			
		INLAND MARINE	<u> </u>	TYPE OF POLICY					\$			
	CAL	JSES OF LOSS							\$			
		NAMED PERILS		POLICY NUMBER					\$			
									\$			
A	Х	CRIME		CMP 5561892	2/7/2017	2/7/2018	х	LIMIT	\$	50,00		
	TYP	E OF POLICY					х	DEDUCTIBLE	\$	1,00		
									\$			
		BOILER & MACH							\$			
		EQUIPMENT BR	EARDOWN						\$			
									\$			
									\$			
Rep	pla	cement C	ost	Attach ACORD 101, Additional Remarks Schedul					, ·			
CEF	RTIF	ICATE HOLI	DER		CANCELLA	<b>FION</b>						
	]	For Infor	mation On	ly************************************	THE EXPIR ACCORDAN	ATION DATE THE CE WITH THE POLIC	EREC CY PI	RIBED POLICIES BE C DF, NOTICE WILL ROVISIONS.	BE DI	ELIVERED IN		

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	/												
Ą		<b>DRD</b>	CEF	RTIFICATE OF PR	OPERT	INSUR				(MM/DD/YYYY) 7/2017			
Т	HIS	CERTIFICAT	E IS ISSUED A	S A MATTER OF INFORMATION O	NLY AND CONFF	RS NO RIGHTS	UPC			-			
				MATIVELY OR NEGATIVELY AME									
				INSURANCE DOES NOT CONSTI									
	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.												
			is being prepare	ed for a party who has all hisurable i			: uns	TOTIL USE ACORD	27 01	ACOND 20.			
	DUCE		lin & Assoc	istor	CONTACT MIC								
		5		Iales	A/C, No, Ext): (	214)423-3333		FAX (A/C, No):	(214)4	23-3350			
15/1	10 0	Granite Pl	kwy, #500		E-MAIL	E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com							
519	ano		TX	75024	PRODUCER CUSTOMER ID:								
						INSURER(S) AFFOR	RDING	COVERAGE		NAIC #			
	IRED		5 G	• • • •	INSURER A Republic Insurance Company								
		-	f Carmel HO		INSURER B :								
C / (	ь Г	egacy Sout	thwest Prop	erty Mgmt	INSURER C :								
570	50 1	Legacy Dr											
Pla	ano		тх	75024	INSURER D :								
					INSURER E :								
					INSURER F :								
CO	VER	AGES		CERTIFICATE NUMBER:17-18 P	roperty		<b>REV</b>	ISION NUMBER:					
LOC		NOF PREMISES /	DESCRIPTION OF P	ROPERTY (Attach ACORD 101, Additional Rema	arks Schedule. if more	space is required)							
			IVE DENTON	•		,							
- ^ `													
				ICIES OF INSURANCE LISTED BELOW									
				VY REQUIREMENT, TERM OR CONDITI MAY PERTAIN, THE INSURANCE AFFC									
				SUCH POLICIES. LIMITS SHOWN MAY H					U ALL				
INSR	-					POLICY EXPIRATION							
LTR		TYPE OF IN	SURANCE	POLICY NUMBER		DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS			
	x	PROPERTY						BUILDING	\$				
	-	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY					
	CAU		BUILDING	-					\$				
		BASIC	BUILDING					BUSINESS INCOME	\$				
		BROAD	CONTENTS	-				EXTRA EXPENSE	\$				
A	x	SPECIAL		CMP 5561892	2/7/2017	2/7/2018		RENTAL VALUE	\$				
		EARTHQUAKE						BLANKET BUILDING					
				-					\$				
		WIND		-				BLANKET PERS PROP	\$				
		FLOOD						BLANKET BLDG & PP	\$				
	x	DEDUCTIBLE	1,000				x	COMMON AREAS ONLY	\$	1,000,000			
				-			x	Equipment Breakdown	\$				
<u> </u>			=	TYPE OF POLICY									
			-						\$				
	CAL	JSES OF LOSS			_				\$				
		NAMED PERILS		POLICY NUMBER					\$				
									\$				
А	x	CRIME		CMP 5561892	2/7/2017	2/7/2018	x	LIMIT		F0 00/			
^		1			2, , , 2011	2/ // 2010			\$	50,000			
	TYF	PE OF POLICY					x	DEDUCTIBLE	\$	1,000			
		r							\$				
		BOILER & MACH					1		\$				
		EQUIPMENT BR	EAKDOWN						\$				
<u> </u>													
							$\vdash$		\$				
									\$				
				Attach ACORD 101, Additional Remarks Schedu									
Le	gac	y Southw	est is add	litional insured as res <u>p</u>	pects to the	e Crime							
Re	pla	cement C	ost										
ĺ													
CE	KII	ICATE HOLI	DEK										
									•••=				
						ATION DATE THE		OF, NOTICE WILL	DE DE	LIVERED IN			
				roperty Mgmt			91 FI						
			acy Dr. St	e B3-425									
	:	Plano, TX	X 75024		AUTHORIZED RE	PRESENTATIVE							
								1					
					ROD MEDLIN	N/MRD		Pl, D,	N	le			
						,							

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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

	-								-	3/	7/2017	
C B	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.											
th	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   CONTACT NAME:   MICHELE DAY												
Sca	irbi	rough Medlin & Associat	es			PHONE	(214)	423-3333	FAX	(214)42	23-3350	
		Granite Pkwy, #500				PHONE (A/C, No, Ext):   FAX (214)423-3333     E-MAIL ADDRESS:   MicheleD@scarbrough-medlin.com						
							INSURER(S) AFFORDING COVERAGE					
Pla INSU		TX 75	024			INSURE		19208 19216				
		illages of Carmel HOA,	Inc.						ance Company nce Underwriters		19216	
		egacy Southwest Propert				INSURE		<u> </u>				
576	50 1	Legacy Dr				INSURE	RE:					
Pla	ino	TX 75	024			INSURE	RF:					
					NUMBER:17/18 Lia		-		REVISION NUMBER:			
IN C	DIC/ ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RI FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH		REMEI TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS	
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S		
	x	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
Α		CLAIMS-MADE X OCCUR			<b>TT</b> 55(1000		0 / 5 / 0 0 1 5	0 / 5 / 001 0	PREMISES (Ea occurrence)	\$	100,000	
					CMP 5561892		2/7/2017	2/7/2018		\$ \$	5,000	
	GEN	I N'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	2,000,000	
	х	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER: TOMOBILE LIABILITY								\$ \$	1 000 000	
	AUI								(Ea accident)	\$	1,000,000	
в		ALL OWNED SCHEDULED AUTOS			BAP 5587065		2/7/2017	2/7/2018	,	\$		
	х	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE	-							\$		
	WOF	DED RETENTION \$							PER OTH-	\$		
		PROPRIETOR/PARTNER/EXECUTIVE								\$		
	OFFI	ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
D	DII	RECTORS & OFFICERS			CAP035401-0117		2/7/2017	2/7/2018	LIMIT		\$1,000,000	
	LI	ABILITY							DEDUCTIBLE		\$2,500	
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Total Units 650											
CE	RTIF	FICATE HOLDER				CANO	CELLATION					
		For Information Only* For Information Only* 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.						
		-				AUTHO	RIZED REPRESE	NTATIVE				
						ROD MEDLIN/MRD Plan Drylle						

ACORD	

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

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).												
	DUCER	Jenne			CONTACT MICHELE DAY							
Sca	arbrough Medli	n & Associat	es			PHONE (A/C, No	(214)	423-3333	FAX (A/C, No): (	214)42	23-3350	
57(	00 Granite Pkw	y, #500				E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
Pla	ano	TX 750	)24			INSURE	19208					
INSU	JRED					INSURE	к в :Southe	rn Insura	ance Company		19216	
The	e Villages of	Carmel HOA, 3	Inc.		-	INSURE	RC:Libert	y Insura	nce Underwriters		19917	
	o Legacy South	west Property	y Mg	mt	-	INSURE	RD:					
	60 Legacy Dr				-	INSURE	RE:					
	ano		)24			INSURE						
	VERAGES	_		-	ENUMBER:17/18 Liak		-		REVISION NUMBER:			
IN C	IDICATED. NOTWITH ERTIFICATE MAY BE	STANDING ANY RE ISSUED OR MAY	EQUIF PER1	REME TAIN,	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD . LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE	ст то	WHICH THIS	
INSR LTR	TYPE OF IN	SURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	8		
										\$	1,000,000	
Α	CLAIMS-MADE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
					CMP 5561892		2/7/2017	2/7/2018	MED EXP (Any one person)	\$	5,000	
										\$	1,000,000	
										\$	2,000,000	
	X POLICY PROJEC									\$ \$	2,000,000	
	OTHER:	,							COMBINED SINGLE LIMIT	\$ \$	1,000,000	
									(Ea accident)	\$	1,000,000	
в	ANY AUTO ALL OWNED	SCHEDULED			BAP 5587065		2/7/2017	2/7/2018	,	\$		
	AUTOS X HIRED AUTOS	AUTOS NON-OWNED AUTOS					_, ., _0;	_, , , _0_0		\$		
		A0103								\$		
	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
		ITION \$								\$		
	WORKERS COMPENSAT AND EMPLOYERS' LIABI	LITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTI OFFICER/MEMBER EXCL	NER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPER	ATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
D	DIRECTORS & OF	FICERS			CAP035401-0117		2/7/2017	2/7/2018	LIMIT		\$1,000,000	
	LIABILITY								DEDUCTIBLE		\$2,500	
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 Total Units 650												
CE	RTIFICATE HOLDE	R				CANC	ELLATION					
	Legacy Sou	thwest Prop y Dr. Ste B			gmt	SHO THE	ULD ANY OF	DATE TH	DESCRIBED POLICIES BE CA EREOF, NOTICE WILL E CY PROVISIONS.			
	11410, 17	, 3021				AUTHO	RIZED REPRESE	NTATIVE				
						ROD M	MEDLIN/MR	D	fly Dr	Z	ll	
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