



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/16/2018

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).

<b>PRODUCER</b> Davis-Dyer-Max Insurance a Member of the Insurors Group P.O. Box 495429 Garland TX 75049	<b>CONTACT NAME:</b> Sheri Ressler <b>PHONE (A/C No. Ext):</b> (972)864-0400 <b>FAX (A/C No):</b> (972)278-8400 <b>E-MAIL ADDRESS:</b> sheri.ressman@davis-dyer-max.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: United States Liability Insurance Co.</td> <td>25895</td> </tr> <tr> <td>INSURER B: Greenwich Insurance Co.</td> <td>22322</td> </tr> <tr> <td>INSURER C: Philadelphia Indemnity Ins Co</td> <td>18058</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: United States Liability Insurance Co.	25895	INSURER B: Greenwich Insurance Co.	22322	INSURER C: Philadelphia Indemnity Ins Co	18058	INSURER D:		INSURER E:		INSURER F:
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<b>INSURED</b> Williamsburg Place Homeowners Association, Inc. % Goodwin Harrison Management, LLC 11149 Research Blvd., Ste. 100 Austin TX 78759-5227														

**COVERAGES**

CERTIFICATE NUMBER: 2018-19 LIABILITY

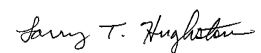
REVISION NUMBER:

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	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:			NPP1573243B	11/15/2018	11/15/2019	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 \$ Included Hired/Non-Owned Auto Liability \$ Included
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7453577L18A-14	11/15/2018	11/15/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				
C	Directors & Officers Liability			PCAP015900-0118	11/15/2018	11/15/2019	\$1,000,000 - Limit \$1,000 - Deductible

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

**CERTIFICATE HOLDER****CANCELLATION**

INSURED'S COPY	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 Larry Hughston/SR 

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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
11/15/2018

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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.

<b>PRODUCER</b> Davis-Dyer-Max Insurance a Member of the Insurors Group P.O. Box 495429 Garland TX 75049	<b>CONTACT NAME:</b> Sheri Ressler <b>PHONE (A/C. No. Ext):</b> (972)864-0400 <b>FAX (A/C. No):</b> (972)278-8400 <b>E-MAIL ADDRESS:</b> sheri.ressman@davis-dyer-max.com <b>PRODUCER CUSTOMER ID:</b> 00009573	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> Williamsburg Place Homeowners Association, Inc. % Goodwin Harrison Management, LLC 11149 Research Blvd., Ste. 100 Austin TX 78759-5227	<b>INSURER A:</b> Underwriters @ Lloyds London <b>15792</b>	
	<b>INSURER B:</b> Travelers Casualty & Surety <b>31194</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 2018-19 **PROPERTY**      **REVISION NUMBER:**

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

10 buildings, 68 units - Williamsburg Place HOA - Dallas TX

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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	TCAPP000945 100% estimated replacement cost valuation Ordinance or Law A: incl. Ordinance or Law B & C: \$500,000	11/15/2018	11/15/2019	BUILDING	\$
	<input type="checkbox"/> CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 33,000
	<input type="checkbox"/> BASIC				BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE				<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 8,279,370
	<input checked="" type="checkbox"/> WIND				BLANKET PERS PROP	\$
				<input checked="" type="checkbox"/> BLANKET BLDG & PP	\$	
				<input checked="" type="checkbox"/> Blanket Misc. Property	\$ 133,000	
					\$	
					\$	
					\$	
					\$	
					\$	
B	<input checked="" type="checkbox"/> CRIME	105732897	3/12/2018	3/12/2019	<input checked="" type="checkbox"/> Employee Dishonesty	\$ 500,000
					<input checked="" type="checkbox"/> Deductible	\$ 5,000
					<input checked="" type="checkbox"/> Property Manager	\$ <b>Included</b>
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	TCAPP000945	11/15/2018	11/15/2019	<input checked="" type="checkbox"/> Equipment Breakdown	\$ 1,000,000
					<input checked="" type="checkbox"/> Deductible	\$ 10,000
A	Wind/Hail Deductible Buy Back	TCAPBB180189	11/15/2018	11/15/2019	<input checked="" type="checkbox"/> Limit	\$ 146,000
					<input checked="" type="checkbox"/> Deductible	\$ 25,000

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

## CERTIFICATE HOLDER

## CANCELLATION

<b>INSURED'S COPY</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Larry Hughston/SR <i>Larry T. Hughston</i>