C		DRD[®]	CEF		ROPERTY	INSURA	١N	ICE		(MM/DD/YYYY) 10/2020				
C B	ERT ELO	IFICATE DOES W. THIS CER	S NOT AFFIRMA TIFICATE OF IN	A MATTER OF INFORMATION ONL' ATIVELY OR NEGATIVELY AMEND, SURANCE DOES NOT CONSTITUT R, AND THE CERTIFICATE HOLDER	EXTEND OR ALTER 1 TE A CONTRACT BET	THE COVERAGE	٩FF	ORDED BY THE POL	ICIES	3				
I	f thi	s certificate is	being prepared	d for a party who has an insurable	interest in the proper	ty, do not use this	s foi	m. Use ACORD 27 c	or ACO	RD 28.				
	DUCE				NAME:	i McInis								
		ough Medli Franite Pkw	.n & Associat	:es	PHONE (A/C, No, Ext): (2	PHONE (A/C, No, Ext): (214) 423-3333 (A/C, No): (214) 423-3350								
570	0 6	Manille FKW	y, #300		E-MAIL ADDRESS: Misti@scarbrough-medlin.com									
Pla	no		тх	75024	PRODUCER CUSTOMER ID: 00012078									
						INSURER(S) AFFORDING COVERAGE								
NSU [he		tates of G	arden Valley	v	INSURER A : Sec	urity Nationa	1 :	Insurance Co						
			west Propert	-	INSURER B :									
			n Parkway #8		INSURER C :									
Ti	scc	,	TX	75034	INSURER D :									
					INSURER E :									
201		AGES		CERTIFICATE NUMBER: CP202	INSURER F : 1008432		PF	VISION NUMBER:						
				PERTY (Attach ACORD 101, Additional Remark				VISION NOMBER.						
IN Cl	DIC/ ERTI	ATED. NOTWIT	HSTANDING ANY I ISSUED OR MAY	ES OF INSURANCE LISTED BELOW HA REQUIREMENT, TERM OR CONDITION ' PERTAIN, THE INSURANCE AFFORDE JCH POLICIES. LIMITS SHOWN MAY HA	N OF ANY CONTRACT O ED BY THE POLICIES DE	R OTHER DOCUME	NT V	VITH RESPECT TO WH	CH THI					
NSR TR		TYPE OF INS	URANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS				
	х	PROPERTY	1					BUILDING	\$					
		JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$					
		BASIC	BUILDING					BUSINESS INCOME	\$					
		BROAD		_				EXTRA EXPENSE	\$					
A	x	CONTENTS		SPP1775936 01	2/27/2020	2/27/2021		RENTAL VALUE	\$					
	EARTHQUAKE				2, 2, , 2020			BLANKET BUILDING	\$					
	EARTHQUAKE WIND FLOOD X Wind Hail Deductible 2,500			-				BLANKET PERS PROP	\$					
				1				BLANKET BLDG & PP	\$					
				2			x	COMMON AREAS	\$	100,0				
	х	Deductible	1,000	2			x	REPLACEMENT COST	\$					
		INLAND MARINE		TYPE OF POLICY					\$					
	CAL	JSES OF LOSS							\$					
		NAMED PERILS		POLICY NUMBER					\$					
									\$					
		CRIME						_	\$					
	TYP	E OF POLICY						_	\$					
		1							\$					
		BOILER & MACH EQUIPMENT BRE						4	\$					
				<u> </u>					\$					
							<u> </u>	4	\$					
				<u> </u>					\$					
	IAL C	I EQUIPMENT BRE	EAKDOWN	tach ACORD 101, Additional Remarks Schedule	e, if more space is required)			-	\$ \$					
PEC														
	RTIF	ICATE HOLD	ER		CANCELLAT									
	F	or Inform	ation Only	*****	SHOULD ANY THE EXPIRAT	OF THE ABOVE DE	F, NC	RIBED POLICIES BE CAI DTICE WILL BE DELIVER OVISIONS.		D BEFORE				
	F	or Inform or Inform	ation Only ³	**************************************	SHOULD ANY THE EXPIRAT	OF THE ABOVE DE ION DATE THEREOI E WITH THE POLIC	F, NC	DTICE WILL BE DELIVER		D BEFORE				
	F	or Inform or Inform	ation Only ³	* * * * * * * * * * * * * * * * * * * *	SHOULD ANY THE EXPIRAT ACCORDANC	OF THE ABOVE DE TION DATE THEREO E WITH THE POLIC RESENTATIVE	F, NC	DTICE WILL BE DELIVER	RED IN	D BEFORE				

Ą	ć	ORD	CEF	RTIFICATE OF F	PROPERTY	INSURA		ICE [(MM/DD/YYYY) 10/2020				
CI BI	ERT ELO	IFICATE DOES	S NOT AFFIRMA TIFICATE OF IN	A MATTER OF INFORMATION ON TIVELY OR NEGATIVELY AMENI SURANCE DOES NOT CONSTITU-	D, EXTEND OR ALTER UTE A CONTRACT BET	THE COVERAGE	AFF	ORDED BY THE POL	R. THI	S				
				, AND THE CERTIFICATE HOLDI I for a party who has an insurab		thu do not uso this	- 10		* 100	20 20				
PRO			s being prepared	a for a party who has an insurable		ty, do not use this i McInis	5 10	rm. Use ACORD 27 C		KD 28.				
			n & Associat	ces	PHONE (214)423-3333		FAX (A/C, No):	(214)42	3_3350				
570	0 0	ranite Pkw	ry, #500				-me	(A/C, NO): dlin.com	(221)12					
D1 -				85004	E-MAIL ADDRESS: Misti@scarbrough-medlin.com PRODUCER CUSTOMER ID: 00012078									
Pla	по		17	75024	INSURER(S) AFFORDING COVERAGE NAIC									
INSU	RED				INSURER A : Sec	urity Nationa				10.00 #				
The	Es	states of G	arden Valley	7	INSURER B :	-								
			west Propert		INSURER C :									
			n Parkway #8		INSURER D :									
Fri	scc)	TX	75034	INSURER E :									
					INSURER F :									
		AGES		CERTIFICATE NUMBER: CP20 PERTY (Attach ACORD 101, Additional Rem			RE	VISION NUMBER:						
TH IN CI	IIS II DIC/ ERTI	S TO CERTIFY 1 ATED. NOTWITI FICATE MAY BE	THAT THE POLICIE HSTANDING ANY SISSUED OR MAY	Rd. Waxahachie TX 75165 ES OF INSURANCE LISTED BELOW REQUIREMENT, TERM OR CONDITIO PERTAIN, THE INSURANCE AFFOR ICH POLICIES. LIMITS SHOWN MAY	ON OF ANY CONTRACT O DED BY THE POLICIES DE	R OTHER DOCUME	NT۱	WITH RESPECT TO WH	ІСН ТНІ					
NSR LTR		TYPE OF INS		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS				
	х	PROPERTY						BUILDING	\$					
	CAL	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$					
		BASIC	BUILDING					BUSINESS INCOME	\$					
		BROAD	CONTENTS	-		2/27/2021		EXTRA EXPENSE	\$					
A	х	SPECIAL		SPP1775936 01	2/27/2020			RENTAL VALUE	\$					
	EARTHQUAKE							BLANKET BUILDING	\$					
		WIND						BLANKET PERS PROP	\$					
		FLOOD						BLANKET BLDG & PP	\$					
	х	Wind Hail Deductibl	2,500	4			x	COMMON AREAS	\$	100,00				
	х	Deductible	1,000				X	REPLACEMENT COST	\$					
	0.41		1	TYPE OF POLICY				-	\$					
	CAL	NAMED PERILS		POLICY NUMBER				-	\$					
		NAMED PERILS		FOLICT NUMBER				-	\$					
		CRIME							\$					
	TVE							-	\$					
	116							-	\$					
		BOILER & MACH					\vdash		\$					
		EQUIPMENT BRE	AKDOWN					1	\$					
							Γ		\$					
								1	\$					
SPEC	IAL (CONDITIONS / OTH	ER COVERAGES (Att	ach ACORD 101, Additional Remarks Sched	ule, if more space is required)			1						
CEF	RTIF	ICATE HOLD	ER		CANCELLAT	ION								
	8 S	668 John uite 801	Hickman Par	perty Management rkway	THE EXPIRAT	TION DATE THEREO	F, N(RIBED POLICIES BE CAI DTICE WILL BE DELIVEI ROVISIONS.		D BEFORE				
	F	risco, TX	/5034		ROD MEDLIN	MOTNIS		fly DI	MIR,					
<u></u>	יסר	24 (2000/00)							1	hte recenue				
		24 (2009/09) (200909))	The ACORD name and	l logo are registered ı	© 1995-2009 AC narks of ACORD	OR	D CORPORATION.	All rig	hts rese				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/10/2020

C B	HIS CERTIFICATE IS ISSUED AS A MA ERTIFICATE DOES NOT AFFIRMATIVE SELOW. THIS CERTIFICATE OF INSUR EPRESENTATIVE OR PRODUCER, AN	LY OI		GATIVELY AMEND, EXTER S NOT CONSTITUTE A CO	ND OR	ALTER THE C	OVERAGE A	FFORDED BY THE POLICIE	ES	
lf	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to	the t	erms	and conditions of the po	licy, ce	rtain policies				
tł	his certificate does not confer rights to	the c	ertifi	cate holder in lieu of such		\ \ <i>\</i>				
PRO	DUCER				CONTA NAME:	CT Misti McIn	is			
Sca	arbrough Medlin & Associates				PHONE (A/C, No	o, Ext): (214) 42	23-3333	FAX (A/C, No): (2	214) 4	23-3350
570	00 Granite Pkwy, #500				E-MAIL ADDRE	33.	arbrough-medli			
Pla	no			TX 75024	INSURE	C a au mitra	SURER(S) AFFOR	ance Co		NAIC #
INSU	JRED				INSURE	RB. Accredite	ed Surety and	Casualty Co.		26379
	The Estates of Garden Valley				INSURE	RC				
	c/o Legacy Southwest Property	Mamt			INSURE					
	8668 John Hickman Parkway #8	•								
	Frisco			TX 75034	INSURE					
00		TIFIO	ATE	0 ,		RF:				
								REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF NDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT/ XCLUSIONS AND CONDITIONS OF SUCH PC	REME AIN, TH	NT, TE HE INS	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE		ACT OR OTHER	DOCUMENT \ DHEREIN IS S	WITH RESPECT TO WHICH THIS		
INSR		ADDL INSD	SUBR	POLICY NUMBER				LIMITS		
LTR			WVD			(MM/DD/YYYY)	(MM/DD/YYYY)		1,000),000
								DAMAGE TO RENTED	100,0	
	CLAIMS-MADE CLAIMS-MADE									
				0004775000.04		00/07/0000	00/07/0004		5,000	
A				SPP1775936 01		02/27/2020	02/27/2021		1,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								2,000	
								PRODUCTS - COMP/OP AGG \$	2,000	1,000
								COMBINED SINGLE LIMIT		
								(Ea accident)		
								BODILY INJURY (Per person) \$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE \$		
								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION \$	1						\$		
	WORKERS COMPENSATION							PER OTH-		
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE									
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$		
	DÉSÉRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	¢1 0/	0.000
В	DIRECTORS & OFFICERS LIABILITY			TBDDC2031462		02/27/2020	02/27/2021	LIMIT RETENTION	\$1,00 \$1,00	00,000 00
	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI SOCIATION COMMON AREAS ONLY	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	bace is required)			
CE	RTIFICATE HOLDER				CANC	ELLATION				
SHOULD ANY OF THE AB								SCRIBED POLICIES BE CANCE 7, NOTICE WILL BE DELIVERED 7 PROVISIONS.		BEFORE
					AUTHO	RIZED REPRESEN		D. D.M.M.		

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/10/2020

C B	THIS CERTIFICATE IS ISSUED AS A MAT CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSURA REPRESENTATIVE OR PRODUCER, AND		R NE	GATIVELY AMEND, EXTER S NOT CONSTITUTE A CO	ND OR	ALTER THE C	OVERAGE A	FFORDED BY THE	POLICIES		
lf	MPORTANT: If the certificate holder is a f SUBROGATION IS WAIVED, subject to	the t	erms	and conditions of the po	licy, ce	rtain policies					
	his certificate does not confer rights to	the c	ertifi	cate holder in lieu of such	CONTA		•-				
					NAME:		-	FAX	(04.4)	00.0050	
	arbrough Medlin & Associates				PHONE (A/C, No E-MAIL		23-3333	(A/C	, No): (214) 4	23-3350	
570	00 Granite Pkwy, #500				ADDRE	ss: ^{IVIIStI@sca}	arbrough-medl	n.com	1		
				TV 75004	INSURER(S) AFFORDING COVERAGE						
Pla				TX 75024	INSURE	. , , , , , , , , , , , , , , , , , , ,	National Insur			00070	
INSU					INSURE	RB: Accredite	ed Surety and	Casualty Co.		26379	
	The Estates of Garden Valley				INSURE	RC:					
	c/o Legacy Southwest Property M	Ũ			INSURE	RD:					
	8668 John Hickman Parkway #8	01		TV 75004	INSURE	RE:					
	Frisco			TX 75034		RF:					
				NUMBER: CL202101400	-			REVISION NUMBER			
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF II NDICATED. NOTWITHSTANDING ANY REQUIF CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH POL	REME	NT, TE HE INS	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTR/	ACT OR OTHER	R DOCUMENT N D HEREIN IS S	WITH RESPECT TO WH	ICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	_{\$} 1,00	0,000	
	CLAIMS-MADE CCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) <u>\$</u> 100,	000	
								MED EXP (Any one person) \$ 5,00	0	
А		Υ		SPP1775936 01		02/27/2020	02/27/2021	PERSONAL & ADV INJUR	_۲ 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP A	GG \$ 2,00	0,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per perso	on) \$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accid	ent) \$		
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								(, , , , , , , , , , , , , , , , , , ,	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER O STATUTE EI	TH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLC			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LI			
								LIMIT		00,000	
В	DIRECTORS & OFFICERS LIABILITY			TBDDC2031462		02/27/2020	02/27/2021	RETENTION	\$1,0	00	
	gacy Southwest Property Management is inclu				-	-	bace is required)				
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Legacy Southwest Property Man 8668 John Hickman Parkway Suite 801	agerr	ient		THE ACC	EXPIRATION D		SCRIBED POLICIES BE 7, NOTICE WILL BE DEL 7 PROVISIONS.		BEFORE	
	Frisco			TX 75034			4	O MMILI			

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/10/2020

С В	HIS CERTIFICATE IS ISSUED AS A MAT ERTIFICATE DOES NOT AFFIRMATIVE ELOW. THIS CERTIFICATE OF INSURA EPRESENTATIVE OR PRODUCER, AND	LY OF	R NE	GATIVELY AMEND, EXTER S NOT CONSTITUTE A CO	D OR	ALTER THE C	OVERAGE A	FFORDED BY THE POL	ICIES	
lf	IPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to is certificate does not confer rights to	the t	erms	and conditions of the po	licy, ce	rtain policies				
	DUCER	the c	erun	cate noider in neu of such	CONTA		ie			
					NAME:		-	FAX	(214)	100 0050
	rbrough Medlin & Associates				PHONE (A/C, No E-MAIL		23-3333	(A/C, No):	(214) 2	123-3350
570	0 Granite Pkwy, #500				ADDRE	SS: WISti@SCa	arbrough-medl	n.com		
INSURER(S) AFFORDING COVERAGE										NAIC #
Pla	0			TX 75024	INSURE	. , , , , , , , , , , , , , , , , , , ,	National Insur			
INSU	RED				INSURE	RB: Accredite	ed Surety and	Casualty Co.		26379
	The Estates of Garden Valley				INSURE	RC:				
	c/o Legacy Southwest Property	Mgmt.			INSURE	RD:				
	8668 John Hickman Parkway #8	01			INSURE	RE:				
	Frisco			TX 75034	INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE I	NUMBER: CL202101400	9			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF I IDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA CLUSIONS AND CONDITIONS OF SUCH PO	REMEI NN, TH	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY O SURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN		ACT OR OTHER ES DESCRIBE ED BY PAID CI	R DOCUMENT \ D HEREIN IS S _AIMS.	WITH RESPECT TO WHICH T	THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
								EACH OCCURRENCE	<mark>\$</mark> 1,00	0,000
	CLAIMS-MADE 🔀 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<mark>\$</mark> 100,	
								MED EXP (Any one person)	\$ 5,00	0
Α		Y		SPP1775936 01		02/27/2020	02/27/2021	PERSONAL & ADV INJURY	\$ 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000
								PRODUCTS - COMP/OP AGG	\$ 2,00	0,000
									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?	N/A							\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
								E.L. DISEASE - POLICY LIMIT	\$ \$1,0	00,000
В	DIRECTORS & OFFICERS LIABILITY			TBDDC2031462		02/27/2020	02/27/2021	RETENTION	\$1,0	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Waxahachie ISD is included as an additional insured on the General Liability policy.										
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	Waxahachie ISD 411 N. Gibson St.				THE ACC	EXPIRATION D	OATE THEREOI	SCRIBED POLICIES BE CAI 7, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE
					AUTHO	RIZED REPRESE		Λ		
	Waxahachie			TX 75165			t	D. DM-lla		

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