ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

								2/2	22/2018
С В	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								
t h	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	seine	in(S)	•	CONTA	^{CT} Michele	Dav		
-	arbrough Medlin & Associate	es			NAME: PHONE	(014)	423-3333	FAX (A/C, No): (214)4	23-3350
	00 Granite Pkwy, #500				(A/C, No E-MAIL			(A/C, No): (214)4 ough-medlin.com	
]					ADDRE	NA/0 #			
Pla	no TX 750)24			INICUS	NAIC #			
		, <u>.</u> . T						nce Company ndemnity Ins Co	19216
	Estates of Garden Valley						етрпта п	demitry ins co	10020
	Legacy Southwest Property	/ Ma	mt.						
	.0 W. Spring Creek Parkway	9							
Pla)24			INSURE				
				NUMBER:18-19 Lial				REVISION NUMBER:	
TI	IS IS TO CERTIFY THAT THE POLICIES	OF I	NSUR	ANCE LISTED BELOW HAV	E BEEN	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR THE POLI	
IN C E	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	QUIR PERTA POLIC	emen Ain, 1 Cies.	NT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000
	TOTAL UNITS 20			CMP562000 01		2/27/2018	2/27/2019	MED EXP (Any one person) \$	5,000
								PERSONAL & ADV INJURY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000
	OTHER:							Fire Damageto Premises \$	100,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	
								BODILY INJURY (Per person) \$	
	ALL OWNED AUTOS							BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE \$	
								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE \$	
	DED RETENTION \$							\$ PER OTH-	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT \$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	
	DESCRIPTION OF OPERATIONS below	<u> </u>						E.L. DISEASE - POLICY LIMIT \$	
в	DIRECTORS & OFFICERS			PCAP001512-0118		2/27/2018	2/27/2019	LIMIT	\$1,000,000
	LIABILITY							DEDUCTIBLE	\$1,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORE) 101, Additional Remarks Schedu	ile, may b	be attached if mo	re space is requi	red)	
Ļ									
CE					CANC	ELLATION			
					SHO			ESCRIBED POLICIES BE CANCEL	
	For Information Only*	***	***	*****				EREOF, NOTICE WILL BE DE	
	For Information Only*	***	* * *	*****	ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.	
	For Information Only*	* * *	***	*****					
					AUTHO	RIZED REPRESE	NTATIVE		
						אדיד דעז / אויי	П	fly sry	le la
					ו עטא	MEDLIN/MR			
						© 19	88-2014 AC	ORD CORPORATION. All rig	hts reserved.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

<u> </u>								2/2	22/2018
CE BE	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.								
IM	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								
ce	certificate holder in lieu of such endorsement(s).								
PRODUCER CONTACT NAME: Michele Day Scarbrough Medlin & Associates PHONE (A/C, No, Ext): (214)423-3333									
	rbrougn Medlin & Associate 0 Granite Pkwy, #500	s		(A/C, No	$\frac{(214)}{\text{Michold}}$	423-3333	(Á/Ĉ,No): pugh-medlin.com	(214)4:	23-3350
570	o Granice Prwy, #500			ADDRE					
Pla	no TX 750	24					DING COVERAGE		NAIC#
INSUF							nce Company demnity Ins Co		18058
The	Estates of Garden Valley			INSURE		erpiira ii	identificy find co		10050
c/o	Legacy Southwest Property	Mgm	Ξ.	INSURE					
601	0 W. Spring Creek Parkway			INSURE					
Pla	no TX 750	24		INSURE	RF:				
COV	ERAGES CER	TIFICA	TE NUMBER:18-19 Lial	bilit	У		REVISION NUMBER:		
INE CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY F CLUSIONS AND CONDITIONS OF SUCH	QUIREN PERTAII	MENT, TERM OR CONDITION N, THE INSURANCE AFFORDE	OF ANY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	т то ч	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SU	IBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X COMMERCIAL GENERAL LIABILITY				((EACH OCCURRENCE	\$	1,000,000
А	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			CMP562000 01		2/27/2018	2/27/2019	MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Fire Damageto Premises COMBINED SINGLE LIMIT	\$	100,000
-							(Ea accident)	\$	
-	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$	
-	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE	\$ \$	
-	HIRED AUTOS						(Per accident)	\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION						PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	f yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
в	DIRECTORS & OFFICERS		PCAP001512-0118		2/27/2018	2/27/2019	LIMIT		\$1,000,000
	LIABILITY						DEDUCTIBLE		\$1,000
Leg Lia	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 20								
CER	TIFICATE HOLDER			CANC	ELLATION				
	Legacy Southwest Property Mgmt. 5760 Legacy Dr. Ste. B3-425 Plano, TX 75024 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	12	_	
				ROD N	MEDLIN/MR		fly Di	-	
					© 19	88-2014 AC	ORD CORPORATION.	All rigi	hts reserved.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

										22/2018
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.									
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	RODUCER CONTACT Michele Day									
-	NAME: PHONE (214)423-3333 FAX (A/C, No, Ext): (214)423-3350									
5700 Granite Pkwy, #500										
					7.227.2			DING COVERAGE		NAIC #
Plano TX 75024 INSURER A:Southern Insurance Company										19216
INSU	RED				INSURE	кв:Philad	elphia Ir	demnity Ins Co		18058
The	Estates of Garden Valley				INSURE	RC:				
	Legacy Southwest Property	r Mg	mt.		INSURE	RD:				
	0 W. Spring Creek Parkway				INSURE	RE:				
Pla					INSURE					
	/ERAGES CER IS IS TO CERTIFY THAT THE POLICIES			NUMBER:18-19 Lia				REVISION NUMBER:		
IN CI E)	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F (CLUSIONS AND CONDITIONS OF SUCH	QUIR Pert/ Polic	EMEN AIN, 1 CIES.	NT, TERM OR CONDITION (THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY ED BY 1	CONTRACT	OR OTHER E DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	т то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
Α	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	100,000
	TOTAL UNITS 20			CMP562000 01		2/27/2018	2/27/2019	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG Fire Damageto Premises	\$ \$	2,000,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	100,000
								(Ea accident) BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							,	\$	
	AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	AND EMPLOYERS LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
в	DIRECTORS & OFFICERS			PCAP001512-0118		2/27/2018	2/27/2019	LIMIT		\$1,000,000
	LIABILITY							DEDUCTIBLE		\$1,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Waxahachie ISD is addtional insured as respects to the General Liability as per written contract									
CE					CANC	ELLATION				
					CANC					
	Waxahachie ISD 411 N. Gibson St. Waxahachie, TX 75165				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E Y PROVISIONS.		
					AUTHO	RIZED REPRESE	NTATIVE			
					ROD N	1EDLIN/MR		fly Dr	-	
						© 19	88-2014 AC	ORD CORPORATION.	All rigi	hts reserved.

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Ą	ć	ORD	CEF	RTIFICATE OF PR	OPERT		A	NCE		(MM/DD/YYYY) 22/2018
		IFICATE DO	ES NOT AFFIR	S A MATTER OF INFORMATION OF MATIVELY OR NEGATIVELY AMEN INSURANCE DOES NOT CONSTI R, AND THE CERTIFICATE HOLDER	ND, EXTEND OR	ALTER THE CO	VE	RAGE AFFORDED	ТЕ НО ЗҮ ТН	lder. This E policies
<u> </u>				ed for a party who has an insurable i		perty, do not use	thi	s form. Use ACORD	27 or	ACORD 28.
	DUCE				CONTACT Mic	hele Day				
		rough Med] Granite Pk	lin & Assoc:	iates	PHONE (A/C, No, Ext):	214)423-3333		FAX (A/C, No):	(214)4	23-3350
57	00 0	stanice Pr	wy, #500		E-MAIL ADDRESS: Mic	heleD@scarbro	oug	h-medlin.com		
Pl	ano		тх	75024	PRODUCER CUSTOMER ID:	00012078				
						INSURER(S) AFFOR	RDIN	G COVERAGE		NAIC #
-	JRED	states of	Garden Vall	lev	INSURER A :SOL	uthern Insura	anc	e Company		19216
			chwest Prope	-	INSURER B :					
			Creek Parks		INSURER C :					
Pl	ano		тх	75024	INSURER D :					
					INSURER E :					
cc	VER	AGES		CERTIFICATE NUMBER:18-19 P			RE	VISION NUMBER:		
				ROPERTY (Attach ACORD 101, Additional Remar						
T II C	HIS I NDIC/	ATED. NOTWI FICATE MAY E	' THAT THE POLI THSTANDING AN BE ISSUED OR N	ICIES OF INSURANCE LISTED BELOW I IY REQUIREMENT, TERM OR CONDITIO MAY PERTAIN, THE INSURANCE AFFOI SUCH POLICIES. LIMITS SHOWN MAY HA	ON OF ANY CONTE RDED BY THE POI	RACT OR OTHER I LICIES DESCRIBED	000	UMENT WITH RESPE	ст то	WHICH THIS
INSF		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION		COVERED PROPERTY		LIMITS
LTR	-	PROPERTY				DATE (MM/DD/YYYY)		BUILDING	¢	
	-	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$	
		BASIC	BUILDING					BUSINESS INCOME	\$	
	-	BROAD		-			<u> </u>	EXTRA EXPENSE	\$	
А	x	SPECIAL	CONTENTS	CMP562000 01	2/27/2018	2/27/2019		RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
		WIND						BLANKET PERS PROP	\$	
		FLOOD						BLANKET BLDG & PP	\$	
	х	DEDUCTIBLE	500				х	COMMON AREAS ONLY	\$	100,000
							x	REPLACEMENT COST	\$	
		INLAND MARINE	1	TYPE OF POLICY				-	\$	
	CAL	JSES OF LOSS			-			-	\$	
	-	NAMED PERILS		POLICY NUMBER				-	\$	
		CDIME							\$	
	-	CRIME						-	\$	
		E OF POLICY						-	\$	
	-	BOILER & MACH	IINERY /						\$	
		EQUIPMENT BR						1	\$ \$	
									\$	
								1	\$	
	SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Replacement Cost									
CE	<u>rti</u> f		DER		CANCELLAT					
	For Information Only************************************									
רר. ית								Plg D.	~	ll.
) 24 (2000/00)		ROD MEDLIN					
	ACORD 24 (2009/09) © 1995-2009 ACORD CORPORATION. All rights reserved. NS024 (200909) The ACORD name and logo are registered marks of ACORD									