

# **CERTIFICATE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

2/11/2019

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.

-			0111110200=	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
	If thi	s certificate i	s being prepare	d for a party who has an insu	rable intere		rty, do not use this	s fo	rm. Use ACORD 2	27 or A	CORD 28.				
	DUCE					CONTACT Misti McInis									
		-	in & Associa	tes		PHONE (A/C, No. Ext):	214)423-3333		FAX (A/C.	No): (21	4)423-3350				
57	00 6	ranite Pk	wy, #500			E-MAIL ADDRESS: Mist	ti@scarbrough	-me	dlin.com						
<sub>1</sub> ا	ano		mv.	75024		PRODUCER CUSTOMER ID: 00012078									
-	ano		17	75024		INSURER(S) AFFORDING COVERAGE NAIC									
INS	URED					INCLIDED A : Sec	curity Nationa				NAIO II				
Th	e Es	states of (	Garden Valle	У			curry Nacrone	<u> </u>	insurance co						
c/	o Le	gacy Sout	hwest Proper	ty Mgmt.		INSURER B:									
86	68 J	John Hickma	an Parkway #	801		INSURER C :									
Fr	isco		TX	75034		INSURER D:									
						INSURER E :									
Ļ	E	ACEC		CERTIFICATE NUMBER: 1	0 20 Dror	INSURER F:		DE	VICION NUMBER						
_		AGES	DESCRIPTION OF PRO	CERTIFICATE NUMBER: 1 DPERTY (Attach ACORD 101, Additiona			iIV	ΚE	VISION NUMBER	Χ.					
		et Premise													
1	NDIC/ CERTI	ATED. NOTWIT FICATE MAY B	THSTANDING ANY E ISSUED OR MAY	ES OF INSURANCE LISTED BEL REQUIREMENT, TERM OR CON / PERTAIN, THE INSURANCE AF JCH POLICIES. LIMITS SHOWN I	DITION OF AI FORDED BY	NY CONTRACT O THE POLICIES DI	R OTHER DOCUME ESCRIBED HEREIN	NT V	WITH RESPECT TO	WHICH	THIS				
INSI		TYPE OF IN	SURANCE	POLICY NUMBER		POLICY EFFECTIVE ATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS				
	х	PROPERTY							BUILDING	\$					
	CAI	JSES OF LOSS	DEDUCTIBLES						PERSONAL PROPER	RTY \$					
		BASIC	BUILDING	1					BUSINESS INCOME	\$					
		BROAD	CONTENTS	-					EXTRA EXPENSE	\$					
А	х			SPP1775936 00		2/27/2019	2/27/2020		RENTAL VALUE	\$					
		EARTHQUAKE		1					BLANKET BUILDING	\$					
		WIND		1					BLANKET PERS PRO						
		FLOOD		1					BLANKET BLDG & PF						
	x	Deducitlbe	50	 D				x	COMMON AREAS	\$	100,00				
				1				x	REPLACEMENT COST	\$	100,00				
		INLAND MARIN	 E	TYPE OF POLICY				<del> </del>		\$					
	CAL	J JSES OF LOSS							†	\$					
		NAMED PERILS	<b>;</b>	POLICY NUMBER					1	\$					
		1													
		CRIME													
	TVE	PE OF POLICY							-	\$					
		PE OF POLICY							1	\$					
		BOILER & MACH	HINERY /							\$					
		EQUIPMENT BR								\$					
										\$					
									_	\$					
		ONDITIONS ( ==	IED COVERA SES	4	Nahadi II II		1	<u></u>		\$					
			HER COVERAGES (AT DMMON AREAS	tach ACORD 101, Additional Remarks S	Schedule, If mor	e space is required)									
CF	RTIF	ICATE HOLE	DER			CANCELLAT	ION								
	F	or Inform	mation Only	************** ********************	**	SHOULD AN' THE EXPIRA' ACCORDANG	Y OF THE ABOVE DE TION DATE THEREO CE WITH THE POLIC PRESENTATIVE	F, NO	OTICE WILL BE DEL		IN				
1						ROD MEDLIN	\ 1.1CTIAT9		100	~1 /-4	<b>*</b>				



## CERTIFICATE OF PROPERTY INSURANCE

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KEI KESEKIMAT SKI KOSSSER, MAS THE SEKIMOME HOLDER										
If this certificate is bei	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.									
PRODUCER		CONTACT Misti McInis								
Scarbrough Medlin &		PHONE (A/C, No, Ext): (214)423-3333	FAX (A/C, No): (214)423-3350							
5700 Granite Pkwy,	#500	E-MAIL ADDRESS: Misti@scarbrough-medlin.com								
Plano	TX 75024	PRODUCER CUSTOMER ID: 00012078								
		INSURER(S) AFFORDING COVERAGE	NAIC #							
INSURED		INSURER A: Security National Insurance Co								
The Estates of Gard	<del>-</del>	INSURER B:								
c/o Legacy Southwes		INSURER C:								
8668 John Hickman P	-	INSURER D:								
Frisco	TX 75034	INSURER E :								
		INSURER F:								
COVERAGES CERTIFICATE NUMBER: 19-20 Property REVISION NUMBER:										
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
Blanket Premise										

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				POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	х	PROPERTY						BUILDING	\$
	CAL	ISES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$
		BASIC	BUILDING					BUSINESS INCOME	\$
		BROAD	CONTENTS					EXTRA EXPENSE	\$
A	х	SPECIAL		SPP1775936 00	2/27/2019	2/27/2020		RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
		WIND						BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
	х	Deducitlbe	500				х	COMMON AREAS	\$ 100,000
							х	REPLACEMENT COST	\$
		INLAND MARINE		TYPE OF POLICY					\$
	CAUSES OF LOSS  NAMED PERILS								\$
				POLICY NUMBER					\$
									\$
	CRIME TYPE OF POLICY								\$
									\$
									\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN								\$
		EWOII MENT DIVE	ARDOWN						\$
									\$
									\$

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

Legacy Southwest is additional insured as respects to the General Liability and Directors & Officers Liability

Total Units 20

CERTIFICATE HOLDER	CANCELLATION						
Legacy Southwest Property Mgmt. 8668 John Hickman Parkway #801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Plano, TX 75034	AUTHORIZED REPRESENTATIVE						
	ROD MEDLIN/MCINIS FL DIYAL						



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/11/2019

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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 s certificate does not confer rights to						may require	an endorsement. As	statement	on		
PROD	UCER				CONTACT Make: Misti McInis							
Scarl	brough Medlin & Associates				PHONE (214) 422 2222 FAX (214) 422 2250							
5700	Granite Pkwy, #500				E-MAIL Misti@scarbrough-medlin.com							
	•				ADDRESS.							
Plano				TX 75024	INSURE	NAIC#						
INSUR	ED				INSURE	RB: Philadelp	hia Indemnity	Insurance Co		18058		
	The Estates of Garden Valley				INSURE	RC:						
	c/o Legacy Southwest Property	Mgmt										
	8668 John Hickman Parkway #8	301			INSURER D : INSURER E :							
	Frisco			TX 75034	INSURE							
cov	ERAGES CER	TIFIC	ATE I	NUMBER: 19-20 Liability	-			REVISION NUMBER:				
INC CE EX	IS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUI RTIFICATE MAY BE ISSUED OR MAY PERTA CLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI OLICIE:	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	ACT OR OTHER IES DESCRIBEI	DOCUMENT V DHEREIN IS SI	WITH RESPECT TO WHIC	CH THIS			
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	I	IMITS			
-	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	100	00,000		
-	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 5,0	<u> </u>		
Α				SPP1775936 00		02/27/2019	02/27/2020	PERSONAL & ADV INJURY	<del>- + '</del>	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	_ ·	00,000		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AG	9 .	00,000		
	OTHER:	-	$\sqcup$					COMBINED SINGLE LIMIT	\$			
	AUTOMOBILE LIABILITY							(Ea accident)	\$			
-	ANY AUTO							BODILY INJURY (Per persor	·			
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accide	-			
-	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
		<u> </u>	$\sqcup$						\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$			
	DED RETENTION \$	<u> </u>						LDED LOT	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OT STATUTE ER	<u></u>			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOY	′EE \$			
i	DESCRIPTION OF OPERATIONS below	<u> </u>						E.L. DISEASE - POLICY LIM	IIT \$			
	DIRECTORS & OFFICERS LIABILITY							LIMIT		000,000		
В				PCAP001512-0218		02/27/2019	02/27/2020	RETENTION	\$1,	000		
DESCI	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 10	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)					
ASS	OCIATION COMMON AREAS ONLY											
CER	TIFICATE HOLDER				CANC	ELLATION						
	For Information Only************************************	*****	*****	For For Information	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 REPRESEN	ITATIVE					
					10 000							



### CERTIFICATE OF LIABILITY INSURANCE

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	DUCER				CONTACT Misti McInis								
Sca	rbrough Medlin & Associates				PHONE (A/C, No, Ext): (214) 423-3333 (A/C, No): (214) 423-3350								
570	0 Granite Pkwy, #500				E-MAIL Misti@scarbrough-medlin.com ADDRESS: (A/C, No):								
					INSURER(S) AFFORDING COVERAGE						NAIC#		
Pla	no			TX 75024	INSURER A: Security National Insurance Co								
INSU	RED				INSURER B: Philadelphia Indemnity Insurance Co						18058		
	The Estates of Garden Valley				INSURE								
	c/o Legacy Southwest Property	Mgmt			INSURE								
	8668 John Hickman Parkway #8	801			INSURER E :								
	Frisco			TX 75034	INSURE	RF:							
_				NUMBER: 19-20 Liability				REVISION NUM					
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INSR LTR		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT				
	CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTE PREMISES (Ea occu	ED	Ψ	,000		
								MED EXP (Any one p		\$ 5,00	00		
Α				SPP1775936 00		02/27/2019	02/27/2020	PERSONAL & ADV INJURY		s 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$ 2,000,000			
	POLICY PRO-							PRODUCTS - COMP/OP AGG		\$ 2,00	00,000		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$			
	ANY AUTO							(Ea accident) BODILY INJURY (Pe		\$			
	OWNED SCHEDULED							BODILY INJURY (Pe		\$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	-	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	>E	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	<i></i>	\$			
	DED RETENTION \$							NOCINEONIE		\$			
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ψ			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN	-	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		\$			
	DIRECTORS & OFFICERS LIABILITY							LIMIT		\$1,0	000,000		
В	DIRECTORS & OFFICERS EIABIETT			PCAP001512-0218		02/27/2019	02/27/2020	RETENTION		\$1,0	000		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE acy Southwest is additional insured as respe	-			=	-	pace is required)						
	al Units 20			20 Liability and Directors		o.o Elability							
CEI	RTIFICATE HOLDER			CANCELLATION									
	Legacy Southwest Property Mgr 8668 John Hickman Parkway #8		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
	0000 John Filokillan Faikway #6	1			AUTHORIZED REPRESENTATIVE								
	Plano	DO MM.											



#### CERTIFICATE OF LIABILITY INSURANCE

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	is certificate does not confer rights to						may require	an endorsement. A stat	ement	on	
	DUCER				CONTACT Misti McInis						
Sca	rbrough Medlin & Associates				PHONE (A/C, No, Ext): (214) 423-3333 FAX (A/C, No): (214) 423-3350						
570	O Granite Pkwy, #500				E-MAIL Misti@scarbrough-medlin.com ADDRESS: (A/C, No):						
					INSURER(S) AFFORDING COVERAGE NAIC #						
Plai	10			TX 75024	INSURER A: Security National Insurance Co						
INSU	RED				INSURE	RB: Philadelp	hia Indemnity	Insurance Co		18058	
	The Estates of Garden Valley				INSURE	R C :					
	c/o Legacy Southwest Property	Mgmt			INSURER D :						
	8668 John Hickman Parkway #8	801			INSURER E :						
	Frisco			TX 75034	INSURE	RF:					
				NUMBER: 19-20 Liability				REVISION NUMBER:			
IN C	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	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY	מפאוו	***			(2000/20/1111)	(	EACH OCCURRENCE		0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100	,000	
								MED EXP (Any one person)	\$ 5,00	00	
Α				SPP1775936 00		02/27/2019	02/27/2020	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	00,000	
	PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	LIMPRELLATION								\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE							EACH OCCURRENCE	\$		
	CLAIMS-IMADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s		
								LIMIT	\$1,0	000,000	
В	DIRECTORS & OFFICERS LIABILITY			PCAP001512-0218		02/27/2019	02/27/2020	RETENTION	\$1,0	000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE cahachie ISD is additional insured as respect	-			=	ttached if more sp	pace is required)				
CEI	RTIFICATE HOLDER				CANC	ELLATION					
	Waxahachie ISD 411 N. Gibson St.				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						
	Waxahachie		TX 75165	fly DM-lls							