Ą	ć	ORD	CEF	RTIFICATE OF PI	ROPERTY	INSURA		СЕ Г		(MM/DD/YYYY)		
CI BI	ERT ELO	IFICATE DOES W. THIS CER	IS ISSUED AS A S NOT AFFIRMA TIFICATE OF IN	MATTER OF INFORMATION ONLY TIVELY OR NEGATIVELY AMEND, SURANCE DOES NOT CONSTITUT , AND THE CERTIFICATE HOLDER	AND CONFERS NO EXTEND OR ALTER 1 E A CONTRACT BET	RIGHTS UPON TH	HE (ERTIFICATE HOLDE	R. THI			
				I for a party who has an insurable		ty, do not use this	s fo	m. Use ACORD 27 c	or ACO	RD 28.		
PROD					CONTACT Mist	i McInis						
		ough Medli Franite Pkw	n & Associat w. #500	ces		PHONE (A/C, No, Ext): (214)423-3333 FAX (A/C, No): (214)423-3350						
						E-MAL ADDRESS: Misti@scarbrough-medlin.com						
Pla	no		тх	75024	CUSTOMER ID:	CUSTOMER ID:						
INSU	RED					INSURER(S) AFFORDING COVERAGE INSURERA: ACE Property & Casualty Ins Co						
Mus	tan	g Park Est	ates			INSURER B :						
		gacy South			INSURER C :							
866 Fri			n Pkwy #801	75034	INSURER D :							
FII	500		17	/3034	INSURER E :							
<u> </u>		ACE8		CERTIFICATE NUMBER:CP2072	INSURER F :		DE	VISION NUMBER:				
		AGES		PERTY (Attach ACORD 101, Additional Remark		required)	RE	VISION NUMBER:				
IN Ce	DIC/ ERTI	ATED. NOTWIT	HSTANDING ANY I ISSUED OR MAY	- ES OF INSURANCE LISTED BELOW HA REQUIREMENT, TERM OR CONDITION PERTAIN, THE INSURANCE AFFORDE CH POLICIES. LIMITS SHOWN MAY HA	OF ANY CONTRACT O	R OTHER DOCUME	NT \	VITH RESPECT TO WH	ICH THI			
INSR LTR		TYPE OF INS	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS		
LIIX	х	PROPERTY						BUILDING	\$			
		ISES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$			
		BASIC	BUILDING			8/5/2021		BUSINESS INCOME	\$			
		BROAD	CONTENTS					EXTRA EXPENSE	\$			
Α	х	SPECIAL		ASNTXF149139191-002	8/5/2020			RENTAL VALUE	\$			
	EARTHQUAKE							BLANKET BUILDING BLANKET PERS PROP	\$			
		FLOOD						BLANKET BLDG & PP	\$ \$			
	x	X Deductible 500				x	COMMON AREAS	\$	1,500,000			
							x	REPLACEMENT COST	\$	_,,		
		INLAND MARINE	E	TYPE OF POLICY				-	\$			
	CAL	JSES OF LOSS						-	\$			
		NAMED PERILS		POLICY NUMBER				-	\$			
А	x	CRIME		ASNTXF149139191-002	8/5/2020	8/5/2021	x	COMMON AREAS	\$ \$	E0.000		
		E OF POLICY			0, 0, 1010	0,0,2022	x	REPLACEMENT COST	\$	<u>50,000</u> 500		
									\$			
		BOILER & MACH EQUIPMENT BRE							\$			
									\$			
							\vdash	-	\$			
ASS	SOC	IATION CO	MMON AREAS	ach ACORD 101, Additional Remarks Schedule ONLY	I, if more space is required)	1			\$			
CEF	RTIF	ICATE HOLD	ER		CANCELLAT	ION						
	F	or Inform	ation Purpo ation Purpo ation Purpo	oses	THE EXPIRAT ACCORDANC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
			ation Purpo ation Purpo					An .	A A AA			
						ROD MEDLIN/MCINIS						
		(200909))	The ACORD name and lo	ogo are registered r	© 1995-2009 AC narks of ACORD	OR	D CORPORATION.	All rig	hts reserved.		

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Ą		DRD ®	CEF	RTIFICATE OF PRO	OPERTY	INSURA	٨N	ICE		(MM/DD/YYYY) 22/2020			
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.													
	f thi	s certificate is	being prepared	I for a party who has an insurable inte	rest in the prope	rty, do not use this	s for	m. Use ACORD 27 o	or ACOF	RD 28.			
PRO	DUCE	R			CONTACT Mist	ti McInis							
		-	n & Associat	ces	DUONE	214)423-3333		FAX (A/C, No):	(214)423	3-3350			
570	0 9	ranite Pkw	y, #500		E-MAIL ADDRESS. Mist	PHONE (A/C, No, Ext): (214)423-3333 FAX (A/C, No): (214)423-3350 E-MAIL ADDRESS: Misti@scarbrough-medlin.com (214)423-3350							
Pla	no		тх	75024	DDODUOED	PRODUCER							
INSU	RED					INSURER(S) AFFORDING COVERAGE							
		g Park Est	ates										
c/c	Le	gacy South	west			INSURER B :							
866	8 J	ohn Hickma	n Pkwy #801			INSURER C :							
Fri	sco	,	TX	75034	INSURER D :	INSURER D :							
					INSURER E :	INSURER E :							
					INSURER F :								
		AGES		CERTIFICATE NUMBER: CP207220: PERTY (Attach ACORD 101, Additional Remarks Sc			RE	VISION NUMBER:					
Tł IN Cl	IIS II DIC/ ERTI	S TO CERTIFY 1 ATED. NOTWITI FICATE MAY BE	HAT THE POLICIE HSTANDING ANY ISSUED OR MAY	ES OF INSURANCE LISTED BELOW HAVE E REQUIREMENT, TERM OR CONDITION OF PERTAIN, THE INSURANCE AFFORDED B CH POLICIES. LIMITS SHOWN MAY HAVE	ANY CONTRACT O Y THE POLICIES DI	R OTHER DOCUME	NT V	VITH RESPECT TO WH	ICH THIS				
INSR LTR		TYPE OF INS		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS			
	x	PROPERTY			8/5/2020	8/5/2021		BUILDING	\$				
	CAL	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	PERSONAL PROPERTY				
		BASIC	BUILDING					BUSINESS INCOME	\$				
		BROAD	0.01/751/70					EXTRA EXPENSE	\$				
А	x	SPECIAL	CONTENTS	ASNTXF149139191-002				RENTAL VALUE	\$				
L	<u>^</u>	EARTHQUAKE		ASN1XF149139191-002				BLANKET BUILDING					
		WIND						BLANKET PERS PROP	\$				
		FLOOD						BLANKET BLDG & PP	\$				
		Deductible	500					COMMON AREAS	\$				
	x	Deductible	500				X X	REPLACEMENT COST	\$	1,500,000			
							X	REFLACEMENT COST	\$				
		INLAND MARINE		TYPE OF POLICY				_	\$				
	CAL	JSES OF LOSS						_	\$				
		NAMED PERILS		POLICY NUMBER				-	\$				
									\$				
Α	x	CRIME		ASNTXF149139191-002	8/5/2020	8/5/2021	x	COMMON AREAS	\$	50,000			
1	TYPE OF POLICY						x	REPLACEMENT COST	\$	500			
									\$				
		BOILER & MACH							\$				
									\$				
									\$				
]	\$				
			•	ach ACORD 101, Additional Remarks Schedule, if m	ore space is required)		_		•				
AS	SOC	IATION CO	MMON AREAS	ONLY									
CE	RTIF	ICATE HOLD	ER		CANCELLAT	ION							
Legacy Southwest 8668 John Hickman Parkway #801 Frisco, TX 75034					THE EXPIRA ACCORDANC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
1													

 ROD MEDLIN/MCINIS
 AL SMALL

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/22/2020

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on										
	his certificate does not confer rights to t	the c	ertifi	cate holder in lieu of such	CONTA		•-			
FRODUCER							-	FAX (214)	100 0050	
	arbrough Medlin & Associates				PHONE (A/C, No E-MAIL	$(2^{+})^{+}$	23-3333	(A/C, No): (214)	423-3350	
5700 Granite Pkwy, #500						ss: ^{Misti@sca}	arbrough-medl	In.com		
-					INSURER(S) AFFORDING COVERAGE					
Plan				TX 75024	INSURE	20699				
INSU					INSURE	00070				
	Mustang Park Estates				INSURER C: Accredited Surety and Casualty Co. 26					
	c/o Legacy Southwest				INSURE	RD:				
	8668 John Hickman Pkwy #801			TV 75004	INSURE	RE:				
	Frisco			TX 75034		RF:				
				NUMBER: CL207221527				REVISION NUMBER:		
IN Ce	HIS IS TO CERTIFY THAT THE POLICIES OF IN IDICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH POL	REME IN, TH	NT, TE HE INS	RM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTR/	ACT OR OTHER	R DOCUMENT N D HEREIN IS S	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		
							, , , , , , , , , , , , , , , , , , ,		00,000	
	CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500	,000	
								MED EXP (Any one person) \$ 1,00	00	
А				ASNTXF149139191-002		08/05/2020	08/05/2021	PERSONAL & ADV INJURY \$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,00	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ 2,00	00,000	
								COMBINED SINGLE LIMIT \$ 1,00	00,000	
	ANY AUTO						08/05/2021	(Ea accident) \$ 1,00 BODILY INJURY (Per person) \$,	
А	OWNED SCHEDULED			ASNTXF149139191-002		08/05/2020		BODILY INJURY (Per accident) \$		
	AUTOS ONLY HIRED HITCS ONLY							PROPERTY DAMAGE		
AUTOS ONLY AUTOS ONLY (Per accident)										
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ 5,00	00,000		
в	EXCESS LIAB CLAIMS-MADE			UM30193381		08/05/2020	08/05/2021		00,000	
	DED X RETENTION \$ 0							AGGREGATE \$,	
	WORKERS COMPENSATION							PER OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$		
							L		000,000	
С	DIRECTORS & OFFICERS LIABILITY			TBDDC2030368		08/05/2020	08/05/2021	RETENTION \$2,		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ASSOCIATION COMMON AREAS ONLY										
CER	RTIFICATE HOLDER				CANCELLATION					
	For Information Purposes For Inf For Information Purposes	tion P	urposes	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	For Information Purposes			AUTHORIZED REPRESENTATIVE						
								DA AMAR.		
	1			fol DM-lh						

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/22/2020

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 have ADDITIONAL INSURED provisions or 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).											
<u> </u>	DUCER			cate fiolder in fied of Such	CONTACT Misti Melnis						
	arbrough Medlin & Associates				NAME: PHONE	(214) 4	-	FAX (A/C, No): (214)	423-3350		
	00 Granite Pkwy, #500				(A/C, No E-MAIL	Mieti@ecc	arbrough-medl	(A/C, NO).			
					ADDRESS: INISURESCALDFORGINICOUT						
Plai	ino			TX 75024	INSURE	20699					
INSU	URED				INSURE						
	Mustang Park Estates				INSURE	26379					
	c/o Legacy Southwest				INSURE	RD:					
	8668 John Hickman Pkwy #801				INSURE	RE:					
	Frisco			TX 75034	INSURE	RF:					
		-		NUMBER: CL207221527				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	REMEN JN, TH	IT, TE E INS	RM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTR/ E POLICI	ACT OR OTHER	R DOCUMENT D HEREIN IS S	WITH RESPECT TO WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY		T						00,000		
	CLAIMS-MADE X OCCUR							PREIVISES (Ea occurrence)	0,000		
						00/05/0000	00/05/0004	MED EXP (Any one person) \$ 1,0			
A		Y		ASNTXF149139191-002	O	08/05/2020	08/05/2021		00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					1			00,000		
								PRODUCTS - COMP/OP AGG \$ 2,0	00,000		
	OTHER:							COMBINED SINGLE LIMIT \$ 1 (00,000		
							08/05/2021	(Ea accident) BODILY INJURY (Per person) \$			
A	OWNED SCHEDULED AUTOS ONLY AUTOS			ASNTXF149139191-002		08/05/2020		BODILY INJURY (Per accident) \$			
	HIRED AUTOS ONLY							PROPERTY DAMAGE \$			
						\$					
	VMBRELLA LIAB OCCUR							EACH OCCURRENCE \$ 5,0	00,000		
В	EXCESS LIAB CLAIMS-MADE			UM30193381		08/05/2020	08/05/2021	AGGREGATE \$ 5,0	00,000		
	DED RETENTION \$ 0							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$			
<u> </u>	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$.000,000		
с	DIRECTORS & OFFICERS LIABILITY			TBDDC2030368		08/05/2020	08/05/2021		500		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Legacy Southwest is included as an additional insured on the General Liability policy.											
CEI	RTIFICATE HOLDER				CANC	ELLATION					
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 8668 John Hickman Parkway #801 AUTHORIZED REPRESENTATIVE										
								10			
	Frisco			TX 75034	fol DM-lls						

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