

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 08/03/2018

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.

If SUBROGATION IS WAIVED, subject to the this certificate does not confer rights to the	e terms and c	onditions of the police	cy, certain	policies		•			
PRODUCER			CONTACT NAME:	/lichele D	ay				
Scarbrough Medlin & Associates		F	PHONE (A/C. No. Ext):	(214) 42	23-3333		FAX (A/C, No):	(214) 42	3-3350
5700 Granite Pkwy, #500		Ē	E-MAIL ADDRESS: N	/licheleD@	@scarbrough-r	medlin.com			
				INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
Plano		TX 75024	INSURER A :	Technolo	gy Insurance (	Co			42376
INSURED		I	INSURER B :	Great Am	erican Insurar	nce Co			16691
Mustang Park Estates		li li	INSURER C :	Ace Fire	Underwriters I	nsurance Company	,		20702
c/o Legacy Southwest		li li	INSURER D :						
6010 W. Spring Creek Parkway		II.	INSURER E :						
Plano		TX 75024	INSURER F :						
COVERAGES CERTIF	ICATE NUMBI	ER: 18-19 Liability				REVISION NUMB	ER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSI INDICATED. NOTWITHSTANDING ANY REQUIREN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLIC	MENT, TERM OR , THE INSURANC	CONDITION OF ANY CO	ONTRACT O POLICIES DE	R OTHER	DOCUMENT V DHEREIN IS SI	WITH RESPECT TO	WHICH TH		
	DL SUBR SD WVD	POLICY NUMBER		ICY EFF DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	i	
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE		\$ 1,000,	,000
CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurre		\$ 500,00	00

LTR		TYPE OF INSURANCE	INS	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 500,000
		TOTAL UNITS 389						MED EXP (Any one person)	\$ 1,000
Α					TPP1238306 00	08/05/2018	08/05/2019	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY			TPP1238301 00	08/05/2018	08/05/2019	BODILY INJURY (Per accident)	\$
	×	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
l									\$
	×	UMBRELLA LIAB COCCUR						EACH OCCURRENCE	\$ 5,000,000
В		EXCESS LIAB CLAIMS-M	ADE		UM30134441	08/05/2018	08/05/2019	AGGREGATE	\$ 5,000,000
		DED RETENTION \$							\$
	_	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
l	ANY	PROPRIETOR/PARTNER/EXECUTIVE [	'/N   N/					E.L. EACH ACCIDENT	\$
	(Mar	ICER/MEMBER EXCLUDED?	\ <b>`</b> ''	`				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
С	DIRECTORS & OFFICERS				ADOTXF143180332	08/05/2018	08/05/2019	LIMIT	\$1,000,000
ľ	LIA	BILITY			/IDO1/11140100002	00/00/2010	00/00/2019		
								DEDUCTIBLE	\$1,000
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VE	HICLES (A	CORD 1	01, Additional Remarks Schedule, may be a	ttached if more s	pace is required)		

CERTIFICATE HOLDER	CANCELLATION
For Information Purposes For Information Purposes For Information Purposes	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
	fly DM-lls



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/03/2018

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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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

th	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such							
PRO	DUCER				CONTAC NAME:	MICHEL D	ay				
Sca	rbrough Medlin & Associates				PHONE (A/C, No	o. Ext): (214) 42	23-3333		FAX (A/C, No):	(214) 4	123-3350
570	0 Granite Pkwy, #500				E-MAIL ADDRES	MichalaD	@scarbrough-	medlin.com			
						IN	SURER(S) AFFOR	RDING COVERAGE			NAIC #
Pla	no			TX 75024	INSURE	RA: Technolo	gy Insurance	Со			42376
INSU	RED				INSURE	ND.	nerican Insura				16691
	Mustang Park Estates				INSURE	RC: Ace Fire	Underwriters I	Insurance Compa	ny		20702
	c/o Legacy Southwest				INSURE	R D :					
	6010 W. Spring Creek Parkway				INSURE	RE:					
	Plano			TX 75024	INSURE	RF:					
CO	VERAGES CER	TIFIC	ATE	NUMBER: 18-19 Liability				REVISION NUM	IBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PC	REME AIN, TI	NT, TE HE INS	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBE	R DOCUMENT D HEREIN IS S	WITH RESPECT TO	O WHICH TI		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S	
	COMMERCIAL GENERAL LIABILITY					,	, , , ,	EACH OCCURRENG	CE	<sub>\$</sub> 1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	<sub>\$</sub> 500,	000
	TOTAL UNITS 389							MED EXP (Any one		\$ 1,00	0
Α				TPP1238306 00		08/05/2018	08/05/2019	PERSONAL & ADV	INJURY	\$ 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	SATE	\$ 2,00	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$ 2,00	0,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$ 1,00	0,000
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			TPP1238301 00		08/05/2018	08/05/2019	BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$	
										\$	
	✓ UMBRELLA LIAB     ✓ OCCUR							EACH OCCURRENG	CE	\$ 5,00	0,000
В	EXCESS LIAB CLAIMS-MADE			UM30134441		08/05/2018	08/05/2019	AGGREGATE		\$ 5,00	0,000
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1,7,7						E.L. DISEASE - EA I	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
	DIRECTORS & OFFICERS										
С	LIABILITY			ADOTXF143180332		08/05/2018	08/05/2019	LIMIT		. ,	00,000
								DEDUCTIBLE		\$1,0	00
l	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	•		•	•		pace is required)				
Leg	acy Southwest is additional insured as respe	ects to	the G	Seneral Liability and Directors	& Office	ers Liability					
CEI	RTIFICATE HOLDER				CANC	ELLATION					
	Legacy Southwest Property Mai	nagen	nent		THE	EXPIRATION D	DATE THEREO	SCRIBED POLICI F, NOTICE WILL B Y PROVISIONS.			) BEFORE
	6010 W. Spring Creek Pkwy				AUTHOR	RIZED REPRESE	NTATIVE				

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Plano

TX 75024



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/11/2018

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.

IM	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					may require	an endorsement	t. A stater	ment on	
th	s certificate does not confer rights to	the certif	icate holder in lieu of such	n endors	sement(s).					
PROD	UCER			CONTAC NAME:	CT Michele D	ay				
Scar	brough Medlin & Associates			PHONE (A/C, No, Ext): (214) 423-3333 FAX (A/C, No): (214) 42					(214) 423	-3350
5700	Granite Pkwy, #500			E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com						
						SURER(S) AFFOR	RDING COVERAGE			NAIC #
Plan	0		TX 75024	INSURE	Tableade	gy Insurance (				42376
INSU	RED			INSURE	RB: Great An	nerican Insurai	nce Co			16691
	Mustang Park Estates		INSURE	R C: Ace Fire	Underwriters I	nsurance Company	/		20702	
c/o Legacy Southwest INSURER D:										
	6010 W. Spring Creek Parkway			INSURE	RE:					
	Plano		TX 75024	INSURER F:						
COV	ERAGES CER	TIFICATE	<b>NUMBER:</b> 18-19 Liability	1	REVISION NUMBER:					
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUII RTIFICATE MAY BE ISSUED OR MAY PERTA CLUSIONS AND CONDITIONS OF SUCH PO	REMENT, T AIN, THE IN LICIES. LIN	ERM OR CONDITION OF ANY I ISURANCE AFFORDED BY THE MITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	ACT OR OTHER ES DESCRIBE ED BY PAID CI	R DOCUMENT \ D HEREIN IS S _AIMS.	WITH RESPECT TO	WHICH TH		
INSR LTR	TYPE OF INSURANCE	ADDL SUBI			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE		1,000,0	00
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTER PREMISES (Ea occurre		500,000	)
	TOTAL UNITS 389						MED EXP (Any one pe	erson) S	1,000	
Α			TPP1238306 00		08/05/2018	08/05/2019	PERSONAL & ADV IN	JURY \$	1,000,0	00
	051111 40005047541111745055050	1 1						T	2,000,0	00

LIK		TIFE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
		TOTAL UNITS 389						MED EXP (Any one person)	\$ 1,000
Α					TPP1238306 00	08/05/2018	08/05/2019	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGRE <u>GATE</u> LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			TPP1238301 00	08/05/2018	08/05/2019	BODILY INJURY (Per accident)	\$
	X	AUTOS ONLY  NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
В		EXCESS LIAB CLAIMS-MADE			UM30134441	08/05/2018	08/05/2019	AGGREGATE	\$ 5,000,000
		DED RETENTION \$							\$
	_	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED?	,,,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
С		RECTORS & OFFICERS BILITY			ADOTXF143180332	08/05/2018	08/05/2019	LIMIT	\$1,000,000 \$1,000
									ψ1,000

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

Annual Board Meeting 12/6/18 6:30pm-8:30pm

Lewisville ISD is named as additional insured on the General Liability policy with primary and non-contributory. Waiver of subrogation applies to Lewisville ISD in regards to the General Liability policy.

CERTIFICATI	E HOLDER		CANCELLATION
	Lewisville ISD c/o Facility Services 340 Lake Haven Dr.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	040 Eake Haven Di.		AUTHORIZED REPRESENTATIVE
	Lewisville	TX 75057	fly DM-US



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

8/3/2018

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.

If this certificate is being prepare	ed for a party who has an insurable intere	st in the property, do not use this form. Use ACC	ORD 27 or ACOF	RD 28.				
PRODUCER		CONTACT Michele Day						
Scarbrough Medlin & Associa	ites	PHONE (A/C, No, Ext): (214) 423-3333 FAX (A/C, No): (214) 423-3350						
5700 Granite Pkwy, #500		E-MAIL ADDRESS: MicheleD@scarbrough-medlin.co						
Plano TX	75024	PRODUCER CUSTOMER ID: 00010599						
		INSURER(S) AFFORDING COVERAGE		NAIC #				
INSURED		INSURER A: Technology Insurance Co		42376				
Mustang Park Estates		INSURER B:						
c/o Legacy Southwest		INSURER C:						
6010 W. Spring Creek Parkwa	ч	INSURER D :						
Plano TX	75024	INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:18-19 Prop	erty REVISION NUM	MBER:					

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

Loc# 00001: Mare Rd & Plano Pkwy Carrollton TX 75010

See Attached Overflow Pages

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 INS	BURANCE	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					EXTRA EXPENSE	\$
Α	х	SPECIAL		TPP1238306 00	8/5/2018	8/5/2019		RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
		WIND						BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
	х	DEDUCTIBLE	500				х	COMMON AREAS ONLY	\$ 1,500,000
							х	REPLACEMENT COST	\$ 
		INLAND MARINE		TYPE OF POLICY					\$
	CAL	JSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
A	х	CRIME		TPP1238306 00	8/5/2018	8/5/2019	х	LIMIT	\$ 25,000
	TYP	E OF POLICY					х	DEDUCTIBLE	\$ 500
									\$ 
Α	х	BOILER & MACH		TPP1238306 00	8/5/2018	8/5/2019	х	INCLUDED	\$
		EQUIPMENT BRE	AKDOWN					1	\$
									\$
								1	\$

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

CERTIFICATE HOLDER	CANCELLATION
For Information Purposes For Information Purposes	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
For Information Purposes	
For Information Purposes	
<u>-</u>	ROD MEDLIN/MRD

CERTIFICATE USUBER



## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

8/3/2018

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If this certificate is be	ing prepared for a party who ha	as an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD	28.
PRODUCER		CONTACT Michele Day	•
Scarbrough Medlin 8		PHONE (A/C, No, Ext): (214) 423-3333 FAX (A/C, No): (214) 423-33	350
5700 Granite Pkwy,	#500	E-MAIL ADDRESS: MicheleD@scarbrough-medlin.com	
Plano	TX 75024	PRODUCER CUSTOMER ID: 00010599	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Mustang Park Estate	Ng.	INSURER A: Technology Insurance Co 42	2376
_		INSURER B:	
c/o Legacy Southwes		INSURER C:	
6010 W. Spring Cree	ek Parkway	INSURER D :	
Plano	TX 75024	INSURER E :	
		INSURER F:	
COVERACES	OFFITIOATE NI	DEVICION AUGUSTS	

COVERAGES CERTIFICATE NUMBER:18-19 Property REVISION NUMBER:

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

Loc# 00001: Mare Rd & Plano Pkwy Carrollton TX 75010

See Attached Overflow Pages

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			SURANCE	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					EXTRA EXPENSE	\$
A	х	SPECIAL		TPP1238306 00	8/5/2018	8/5/2019		RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
		WIND						BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
	х	DEDUCTIBLE	500				х	COMMON AREAS ONLY	\$ 1,500,000
							х	REPLACEMENT COST	\$
		INLAND MARINE		TYPE OF POLICY					\$
	CAL	JSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
A	х	CRIME		TPP1238306 00	8/5/2018	8/5/2019	х	LIMIT	\$ 25,000
	TYP	E OF POLICY					х	DEDUCTIBLE	\$ 500
									\$
A	х	BOILER & MACH		TPP1238306 00	8/5/2018	8/5/2019	Х	INCLUDED	\$
		EQUIFWENT BRE	ANDOWN						\$
									\$ 
								1	\$

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

Legacy Southwest is additional insured as respects to the Crime

CERTIFICATE HOLDER	CANCELL ATION

Legacy Southwest Property Management 60101 W. Spring Creek 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.

AUTHORIZED REPRESENTATIVE

ROD MEDLIN/MRD

fly DMell