

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/28/2021

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).

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PRODUCER CONTACT NAME: Eric Corcoran												
Solidarity Insurance						PHONE (A/C, No, Ext): (214) 206-8999 FAX (A/C, No): (817) 439-2487						
701 Commerce St.						E-MAIL ADDRESS: Contactus@SolidarityInsurance.com						
Suite 611						INSURER(S) AFFORDING COVERAGE						
Dallas TX 75202-4522						INSURER A : SCOTTSDALE INSURANCE COMPANY					NAIC # 41297	
INSURED												
						INSURER B:						
CROWLEY CREEKSIDE HOA Inc						INSURER C:						
1512 Crescent Dr						INSURER D:						
						INSURER E :						
Carrollton TX 75006					INSURER F:							
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
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	L SUBR POLICY NUMBER			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		s		
X COMMERCIAL GENERAL LIABILITY		III	WVD	74D TOLIOT HOMBER		(MINI, DO, 1111)	EACH OCCURR		CE	\$ 1,000,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED	\$ 100		
								PREMISES (Ea occu		\$ 500		
^	_		RBS0078821			00/07/0000	09/07/2021	() /		•		
	A					09/07/2020		PERSONAL & ADV INJURY \$ 1,0				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,00				
	POLICY JECT LOC							PRODUCTS - COM	P/OP AGG	· ·	00,000	
	OTHER:							COMBINED SINGLE	ELIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
	ANY AUTO							· · · · ·		\$		
	OWNED SCHEDULED AUTOS ONLY							•	DILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAC (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDE		\$		
								E.L. DISEASE - EA EMPLOYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POL		\$		
	DESCRIPTION OF STERVITONS BOICH									<u> </u>		
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	FS (CORD	101 Additional Remarks Schedu	ıle mav h	ne attached if mor	re snace is requir	ed)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CERTIFICATE HOLDER						CANCELLATION						
						CHOILID ANY OF THE ABOVE DESCRIPED BOLLOIDS BE CANOCH TO DESCRIP						
						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						