



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/23/2025

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).

PRODUCER Tower Street Insurance P O Box 803506 Dallas TX 75380-3506 License#: BR-1607120 VILLOFM-01	CONTACT NAME: Services PHONE (A/C, No, Ext): 469-788-8888 E-MAIL ADDRESS: services@towerstreetinsurance.com	FAX (A/C, No): 469-788-8888
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Cincinnati Casualty Company	NAIC # 28665
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

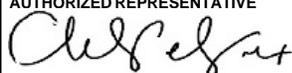
COVERAGES **CERTIFICATE NUMBER:** 44126010 **REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			EPP 0646418	2/28/2025	2/28/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EPP 0646418	2/28/2025	2/28/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Loc. 1: 3057-3061-3065-3069-3073-3077-3101-3105 Galveston Street, Plano, TX 75075
 Loc. 2: 3025-3029-3033-3037-3041-3045-3049-3053 Galveston Street, Plano, TX 75075
 Loc. 3: 2949-2953-3001-3005-3009-3013-3017-3021 Galveston Street, Plano, TX 75075
 Loc. 4: 3036-3040-3044-3048-3052-3056-3060-3064 Galveston Street, Plano, TX 75075
 Loc. 5: 3016-3020-3024-3028-3032 Galveston Street, Plano, TX 75075
 Loc. 6: 3000-3004-3008-3012 Galveston Street, Plano, TX 75075
 Loc. 7: 2940-2944-2948 Galveston Street, Plano, TX 75075
 Loc. 8: 2920-2924-2928-2932-2936 Galveston Street, Plano, TX 75075
 See Attached...

CERTIFICATE HOLDER **CANCELLATION**

INSURED'S COPY	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 

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ADDITIONAL REMARKS SCHEDULE

AGENCY Tower Street Insurance		NAMED INSURED Villas Of Middleton Townhome Owners Association Inc C/O Essex Management 1512 Crescent Dr Carrollton TX 75006	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

- Loc. 9: 2908-2912-2916 Galveston Street, Plano, TX 75075
- Loc. 10: 2900-2902-2904 Galveston Street, Plano, TX 75075
- Loc. 11: 704-708-712-716-720-724 Galveston Street, Plano, TX 75075
- Loc. 12: 2941-2945-3001-3005-3009-3013 Hamilton Street, Plano, TX 75075
- Loc. 13: 3017-3021-3025-3029-3033-3037-3041-3045 Hamilton Street, Plano, TX 75075
- Loc. 14: 3049-3053-3057-3061-3065-3069-3073-3101 Hamilton Street, Plano, TX 75075
- Loc. 15: 3129-3133-3137-3141-3145 Hamilton Street, Plano, TX 75075
- Loc. 16: 813-817-821-825-829-833-901 Blue Bell Trail, Plano, TX 75075
- Loc. 17: 905-909-913-917-921-925-929-933 Blue Bell Trail, Plano, TX 75075
- Loc. 18: 3105-3109-3113-3117-3121-3125 Hamilton Street, Plano, TX 75075
- Loc. 19: 3109-3113-3117-3121-3125-3129-3133-3137 Galveston Street, Plano, TX 75075
- Loc. 20: 3100-3104-3108-3112-3116 Galveston Street, Plano, TX 75075
- Loc. 21: 3144, 3148, 3152, 3156, 3160, 3164 Galveston Street, Plano, TX 75075
- Loc. 22: 3120-3124-3128-3132-3136-3140 Galveston Street, Plano, TX 75075
- Loc. 23: 904-908-912-916-920-924-928-932 Heart Reef Rd., Plano, TX 75075
- Loc. 24: 801-805-809-813-817-821-825 Heart Reef Rd., Plano, TX 75075
- Loc. 25: 812-816-820-824-828-832-900 Heart Reef Rd., Plano, TX 75075

FOR INFORMATION ONLY