



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/30/2024

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).

<b>PRODUCER</b> Tower Street Insurance P O Box 803506 Dallas TX 75380-3506	<b>CONTACT NAME:</b> Services <b>PHONE (A/C, No, Ext):</b> 469-788-8888 <b>E-MAIL ADDRESS:</b> services@towerstreetinsurance.com <b>FAX (A/C, No):</b> 469-788-8888
<b>INSURED</b> Villas Of Middleton Townhome Owners Association Inc C/O Essex Management 1512 Crescent Dr Carrollton TX 75006	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Cincinnati Casualty Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
License#: BR-1607120 VILLOFM-01	<b>NAIC #</b> 28665

**COVERAGES****CERTIFICATE NUMBER:** 1719645042**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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	2/28/2024	2/28/2025	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 \$
	<b>AUTOMOBILE LIABILITY</b> <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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			EPP 0646418	2/28/2024	2/28/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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**Page 1 of 1

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

**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

\*\*FOR INFORMATION ONLY\*\*