

LMOORE



DATE (MM/DD/YYYY) 04/17/2017

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.

this certificate does not confer rights to the certificate holder in lieu of s PRODUCER Guaranty Insurance Services, Inc / INSURICA									CONTACT Linda Moore						
													(0.4.1) 000 5500		
230	1 We	st Plano Parkw			\\\\			PHONE (A/C, No, Ext): (469) 443-3394 FAX (A/C, No) E-MAIL ADDRESS: Linda.Moore@INSURICA.com				A/C, No): (844)	696-5539	
Plai	10, 1	X 75075													
								INSURER(S) AFFORDING COVERAGE					NAIC#		
									INSURER A : Philadelphia Indemnity Insurance Co.					18058 23043	
Oak Hollow of Anna HOA, Inc.															
c/o Mac Group Managment Company								INSURER C:							
17130 Dallas Pkwy, Ste 220								INSURE	R D :						
Dallas, TX 75248									INSURER E:						
								INSURER F:							
		AGES					E NUMBER:				REVISION NUME				
IN C	IDICA ERTII	ATED. NOTWITH FICATE MAY BE	HST/	ANDING ANY F SUED OR MAY	REQUI PER POLI	REMI TAIN, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH BED HEREIN IS SUE	RESPE	CT TO	O WHICH THIS	
INSR LTR					ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)						
Α	X	COMMERCIAL GEN	IERA	L LIABILITY							EACH OCCURRENCE		\$	1,000,000	
		CLAIMS-MADE X OCCUR				PHPK1589450		01/01/2017	01/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	ence)	\$	100,000		
											MED EXP (Any one pe	, I	\$	5,000	
											PERSONAL & ADV IN.	JURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:										GENERAL AGGREGA	TE	\$	1,000,000	
	X POLICY PRO- JECT LOC				PRODUCTS - COMP/C						OP AGG	\$	2,000,000		
	OTHER:												\$		
Α	AUTOMOBILE LIABILITY										COMBINED SINGLE L (Ea accident)	IMIT	\$	1,000,000	
	ANY AUTO					PHPK1589450		01/01/2017	01/01/2018	BODILY INJURY (Per p	person)	\$			
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Per a		\$		
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
													\$		
Α	X	UMBRELLA LIAB X OCCUR									EACH OCCURRENCE		\$	1,000,000	
		EXCESS LIAB		CLAIMS-MADE			PHUB527201		01/01/2017	01/01/2018	AGGREGATE		\$	1,000,000	
		DED X RETEN	OIT	10,000)								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY										PER STATUTE	OTH- ER			
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L. EACH ACCIDENT		\$		
											E.L. DISEASE - EA EM	IPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - POLICY LIMIT \$				
_		ectors & Officer	S				CAP032033		06/02/2016		Aggregate			1,000,000	
В	Liab	oility					CAP032033		06/02/2016	06/02/2017	Limit:			1,000,000	
DES	CRIPT	ION OF OPERATION	S/L	OCATIONS / VEHIC	LES (ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requi	red)				
CERTIFICATE HOLDER								CANCELLATION							
									NIII D. ANDV. O.T.	TUE ABOVE S	SECONDED DOLLO	.e pr o .	NOT:	I ED DEFORE	
		****									ESCRIBED POLICIE HEREOF, NOTICE				
	****FOR INFORMATION ONLY ****								THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

ACORD 25 (2016/03)

AUTHORIZED REPRESENTATIVE