

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/17/2020

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 liqu of such endorsement(s).

	SUBROGATION IS WAIVED, subject to his certificate does not confer rights to			김 - 전화장기가 제가의 가입하다 경기로 보다면 하셨다면 하는데 - 6400 - 1610이라고 1414이다.			may require	an endorsement. A state	ment	on		
PRODUCER						CONTACT Sandy Whitaker NAME:						
Beal & Winn Insurance Agency, LLC						PHONE (979) 268-1500 FAX (A/C, No): (979) 846-1979						
3207 Briarcrest Drive						PHONE (979) 268-1500 FAX (A/C, No): (979) 846-1979 (A/C, No, Ext): sandy@bealinsurance.com						
D						INSURER(S) AFFORDING COVERAGE				NAIC#		
Bryan TX 77802						INSURER A: American Hallmark Insurance Company						
INSURED Cove of Northelest HOA						INSURER B:						
Cove of Nantucket, HOA					INSURER C:							
	c/o Neighborhood Partners					INSURER D :						
4519 Mills Park Circle			TX 77845			INSURER E :						
COVERAGES CER						INSURER F:				2		
COVERAGES CERTIFICATE NUMBER: CL2031708343 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOWHAVE 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.												
	XCLUSIONS AND CONDITIONS OF SUCH PO T		S. LIM ISUBR		REDUC							
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	Φ	0,000		
	CLAIMS-MADE X OCCUR						3	PREMISES (Ea occurrence)	Ψ	0,000		
							00/00/000/	MED EXP (Any one person)	\$ 5,00	750		
Α	<u> </u>			44-CL-009001666-00		02/20/2020	02/20/2021	PERSONAL & ADV INJURY	Φ .	0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Φ,	0,000		
	POLICY PRO-						,	PRODUCTS - COMP/OP AGG	Φ .	0,000		
	OTHER:							COMBINED SINGLE LIMIT	\$			
	AUTOMOBILE LIABILITY						3	COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO OWNED SCHEDULED						3	BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS NON-OWNED						,	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	Lumperusuan						4		\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	£1					3	AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION		_					I PER I I OTH-	\$			
	AND EMPLOYERS' LIABILITY Y/N						,	PER OTH- STATUTE ER	50			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under						3	E.L. DISEASE - EA EMPLOYEE	\$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT Limits	\$ \$1.0	000,000		
Α	Directors & Officers Liability			44-CL-009001666-00		02/20/2020	02/20/2021	Limits	Ψ1,0	,000,		
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (Ar	ORD 4	01 Additional Remarks Schedule	may be a	ttached if more or	ace is required					
	ns & fences covered for \$30,000, policy # 44	100000000000000000000000000000000000000		POWERFAMORY IS NO DESCRIPTION OF THE PARTY O	- VOTE OF CHART OF SEC		Jace is required,					
g.					_,,							
CFF	RTIFICATE HOLDER				CANCELLATION							
- Control of the cont							, are an entitle					
Neighborhood Partners						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
4519 Mills Park Circle					AUTHORIZED REPRESENTATIVE							
College Station				TX 77845	Dollas D. Win, CC							