

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

th	is certificate does not confer rights to			ficate holder in lieu of su				ane an endorsement. A	Stateme		
PRODUCER						CONTACT NAME: Christina McCafferty					
Association Insurance Partners						PHONE (A/C, No, Ext): 972-539-8181 (A/C, No):					
A Division of Wade Hunt Insurance						E-MAIL ADDRESS: christina@associationtx.com					
303 N Carroll Blvd, Suite 220						INSURER(S) AFFORDING COVERAGE					
Denton TX 76201					INSURER A: OHIO SECURITY INS CO				24082		
INSURED					INSURER B:						
Collin Creek Redevelopment Townhomes					INSURER C:						
c/o Essex Management					INSURER D :						
1512 Crescent Dr., Ste 112					INSURER E :						
Carrollton				TX 75006	INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN CE	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER ICLUSIONS AND CONDITIONS OF SUCH P	UIREM TAIN, OLICI	IENT, THE ES. LI	TERM OR CONDITION OF AI INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON THE PC	ITRACT OR O' DLICIES DESCI DUCED BY PAI	THER DOCUMI RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	IICH THIS		
INSR LTR TYPE OF INSURANCE		ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY								\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	15,000	
A				BKS68244082		09/19/2024	09/19/2025	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC								\$	2,000,000	
	OTHER:							COMPINED OINOLE LIMIT	\$		
A	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000	
	ANY AUTO OWNED SCHEDULED					<u> </u>		` ' '	\$		
	AUTOS ONLY AUTOS			BKS68244082		09/19/2024	09/19/2025	PROBERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-							\$		
	DED RETENTION \$ WORKERS COMPENSATION								\$		
	AND EMPLOYERS' LIABILITY Y/N							' '			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Severability of Interest Included - Total 120 Units Location: See Schedule for all - Plano, TX 75075 Essex Management is Additional Insured on the General Liability as required by written contract.											
055	TIFICATE HOLDED				04110	FILL ATION					
CEF	TIFICATE HOLDER			1	CANC	ELLATION					
Essex Management						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1512 Crescent Dr						AUTHORIZED REPRESENTATIVE					
Ste 112					Christina McCafferty						
	Carrollton TX 75006										