



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/16/2022

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Scarbrough Medlin & Associates 5700 Granite Pkwy Ste 500 Plano TX 75024-6640	CONTACT NAME: Kylie Proffitt PHONE (A/C. No. Ext): (214)423-3333 E-MAIL ADDRESS: kylie@scarbrough-medlin.com	FAX (A/C. No.): (214)423-3350
	PRODUCER CUSTOMER ID: 00018130	
INSURED Vista West HOA c/o Legacy Southwest Property Management 8668 John Hickman Pkwy #801 Frisco TX 75034		INSURER(S) AFFORDING COVERAGE INSURER A: LIO Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 40550

COVERAGES

CERTIFICATE NUMBER: CP22111613331

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00001: 900 Tierra Madre Blvd Fort Worth TX 76108

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/>	PROPERTY	HOA1000017203-00	10/21/2022	10/21/2023	BUILDING	\$	
	CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/>	BASIC				BUILDING	BUSINESS INCOME	\$
	<input type="checkbox"/>	BROAD				\$1,000	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL				CONTENTS	RENTAL VALUE	\$
	<input type="checkbox"/>	EARTHQUAKE					BLANKET BUILDING	\$
	<input checked="" type="checkbox"/>	WIND				2%	EXTENDED REPLACEMENT COST	\$
	<input type="checkbox"/>	FLOOD					100% COINSURANCE	\$
<input checked="" type="checkbox"/>	HAIL	2%	4% INFLATION GUARD	\$				
					<input checked="" type="checkbox"/>	COMMON AREA PROPERTY	\$ 250,000	
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$	
	<input type="checkbox"/>	CAUSES OF LOSS	POLICY NUMBER				\$	
	<input type="checkbox"/>	NAMED PERILS					\$	
A	<input checked="" type="checkbox"/>	CRIME	HOA1000017203-00	10/21/2022	10/21/2023	EMPLOYEE THEFT	\$ 250,000 ALS	
		TYPE OF POLICY				DEDUCTIBLE	\$ 1,000	
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	HOA1000017203-00	10/21/2022	10/21/2023	LIMIT	\$ INCLUDED	
						DEDUCTIBLE	\$ 1,000	
							\$	
							\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ASSOCIATION COMMON AREAS ONLY

CERTIFICATE HOLDER

For Informational Purposes Only

CANCELLATION

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

ROD MEDLIN/KYLIE



CERTIFICATE OF PROPERTY INSURANCE

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	INSURER(S) AFFORDING COVERAGE	
INSURED Vista West HOA c/o Legacy Southwest Property Management 8668 John Hickman Pkwy #801 Frisco TX 75034	INSURER A: LIO Insurance Company NAIC # 40550	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CP22111613331

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00001: 900 Tierra Madre Blvd Fort Worth TX 76108

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	<input type="checkbox"/>	BASIC				BUILDING	BUSINESS INCOME	\$
	<input type="checkbox"/>	BROAD				\$1,000	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL				CONTENTS	RENTAL VALUE	\$
	<input type="checkbox"/>	EARTHQUAKE					BLANKET BUILDING	\$
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	<input type="checkbox"/>	FLOOD					100% COINSURANCE	\$
<input checked="" type="checkbox"/>	HAIL	2%	4% INFLATION GUARD	\$				
					<input checked="" type="checkbox"/>	COMMON AREA PROPERTY	\$ 250,000	
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$	
	<input type="checkbox"/>	CAUSES OF LOSS	POLICY NUMBER				\$	
	<input type="checkbox"/>	NAMED PERILS					\$	
A	<input checked="" type="checkbox"/>	CRIME	HOA1000017203-00	10/21/2022	10/21/2023	EMPLOYEE THEFT	\$ 250,000 ALS	
		TYPE OF POLICY				DEDUCTIBLE	\$ 1,000	
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	HOA1000017203-00	10/21/2022	10/21/2023	LIMIT	\$ INCLUDED	
						DEDUCTIBLE	\$ 1,000	
							\$	
							\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ASSOCIATION COMMON AREAS ONLY

CERTIFICATE HOLDER

Legacy Southwest Property Management
 8668 John Hickman Parkway
 Suite 801
 Frisco, TX 75034

CANCELLATION

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

ROD MEDLIN/KYLIE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/16/2022

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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).

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	INSURER(S) AFFORDING COVERAGE	
INSURED Vista West HOA c/o Legacy Southwest Property Management 8668 John Hickman Pkwy #801 Frisco TX 75034	INSURER A: LIO Insurance Company NAIC # 40550	
	INSURER B: Philadelphia Indemnity Insurance Co NAIC # 18058	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL22111622276 **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:			HOA1000017203-00	10/21/2022	10/21/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			HOA1000017203-00	10/21/2022	10/21/2023	COMBINED SINGLE LIMIT (Ea accident) \$ Included BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Directors & Officers Liability			PCAP036594-0122	10/21/2022	10/21/2023	Limit \$1,000,000 Retention - Each Claim \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ASSOCIATION COMMON AREAS ONLY

CERTIFICATE HOLDER

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	AUTHORIZED REPRESENTATIVE 

