

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		CONTACT Kylie Proffitt							
Scarbrough Medlin & Associa	ates	PHONE (A/C, No, Ext): (214)423-3333 FAX (A/C, No): (214)423-							
5700 Granite Pkwy Ste 500		E-MAIL ADDRESS: kylie@scarbrough-medlin.com							
Plano TX	75024-6640	PRODUCER CUSTOMER ID: 00018130							
		INSURER(S) AFFORDING COVERAGE	NAIC #						
INSURED		INSURER A: LIO Insurance Company	40550						
Vista West HOA		INSURER B:							
c/o Legacy Southwest Proper	rty Management	INSURER C:							
8668 John Hickman Pkwy #801		INSURER D:							
Frisco TX	75034	INSURER E:							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER: CP22111613	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				POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	х	PROPERTY						BUILDING	\$
	CAUSES OF LOSS DEDUCTIBLES							PERSONAL PROPERTY	\$
		BASIC	BUILDING		BUSINESS IN		BUSINESS INCOME	\$	
		BROAD	\$1,000 CONTENTS					EXTRA EXPENSE	\$
A	х	SPECIAL		HOA1000017203-00	10/21/2022	10/21/2023		RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
	X WIND 2			EXTENDED REPLACEMENT COST				BLANKET PERS PROP	\$
				100% COINSURANCE				BLANKET BLDG & PP	\$
	х	HAIL	2%	4% INFLATION GUARD			х	COMMON AREA PROPERTY	\$ 250,000
									\$ •
		INLAND MARINE		TYPE OF POLICY					\$
	CAL	JSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
Α	х	CRIME		HOA1000017203-00	10/21/2022	10/21/2023	х	EMPLOYEE THEFT	\$ 250,000 ALS
	TYPE OF POLICY						х	DEDUCTIBLE	\$ 1,000
									\$ •
Α	х	BOILER & MACH		HOA1000017203-00	10/21/2022	10/21/2023	х	LIMIT	\$ INCLUDED
	EQUIPMENT BREAKDOWN		AKDOWN				х	DEDUCTIBLE	\$ 1,000
									\$
									\$

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

ASSOCIATION COMMON AREAS ONLY

CERTIFICATE HOLDER	CANCELLATION
For Informational Purposes Only	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 fly D/Y-lls



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

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INSR LTR				POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	х	PROPERTY						BUILDING	\$
	CAUSES OF LOSS DEDUCTIBLES							PERSONAL PROPERTY	\$
		BASIC	BUILDING]				BUSINESS INCOME	\$
		BROAD	\$1,000 CONTENTS					EXTRA EXPENSE	\$
A	х	SPECIAL		HOA1000017203-00	10/21/2022	10/21/2023		RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
	X WIND 2			EXTENDED REPLACEMENT COST				BLANKET PERS PROP	\$
				100% COINSURANCE				BLANKET BLDG & PP	\$
	х	HAIL	2%	4% INFLATION GUARD			х	COMMON AREA PROPERTY	\$ 250,000
									\$
		INLAND MARINE		TYPE OF POLICY					\$
	CAL	CAUSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
A	Х	CRIME		HOA1000017203-00	10/21/2022	10/21/2023	х	EMPLOYEE THEFT	\$ 250,000 ALS
	TYPE OF POLICY		POLICY				х	DEDUCTIBLE	\$ 1,000
									\$
A	х	BOILER & MACH		HOA1000017203-00	10/21/2022	10/21/2023	х	LIMIT	\$ INCLUDED
	EQUIPMENT BREAKDOWN		ANDOWN				х	DEDUCTIBLE	\$ 1,000
									\$
									\$

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

ASSOCIATION COMMON AREAS ONLY

CERTIFICATE HOLDER CANCELLATION

Legacy Southwest Property Management 8668 John Hickman Parkway Suite 801

Frisco, TX 75034

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).									on			
PROI	DUCER				CONTACT Kylie Proffitt							
Sca	rbrough Medlin & Associates				PHONE (A/C, No, Ext): (214) 423-3333 FAX (A/C, No): (214) 423-3350							
570	O Granite Pkwy Ste 500				E-MAIL							
	•				E-MAIL ADDRESS: kylie@scarbrough-medlin.com INSURER(S) AFFORDING COVERAGE							
Plar	00			TX 75024-6640	INSURE	40550						
INSU	RED				INSURE	RB: Philadelp	hia Indemnity	Insurance Co		18058		
	Vista West HOA				INSURE	RC:						
	c/o Legacy Southwest Property	Mana	gemei	nt								
	8668 John Hickman Pkwy #801				INSURER D : INSURER E :							
	Frisco			TX 75034	INSURE							
CO	/ERAGES CER	TIFIC	ATE	NUMBER: CL221116222				REVISION NUMBER:		'		
IN CE E)	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT (CLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T DLICIE	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	ACT OR OTHER IES DESCRIBEI	DOCUMENT \ D HEREIN IS S	WITH RESPECT TO WHIC	CH THIS			
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	ı	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	400	000,000		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 100 \$ 5,0			
Α				HOA1000017203-00		10/21/2022	10/21/2023	PERSONAL & ADV INJURY	\$ 1,0	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,0	00,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	sG \$ 2,0	00,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ Incl	luded		
	ANY AUTO							BODILY INJURY (Per person	n) \$			
Α	OWNED SCHEDULED AUTOS ONLY			HOA1000017203-00		10/21/2022	10/21/2023	BODILY INJURY (Per accide	nt) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OT STATUTE ER	H-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	", "						E.L. DISEASE - EA EMPLOY	ÆE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	IIT \$			
	Directors & Officers Liability							Limit	\$1,	000,000		
В	Directors a Gineere Liability			PCAP036594-0122		10/21/2022	10/21/2023	Retention - Each Claim	\$1,	000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)					
ASS	OCIATION COMMON AREAS ONLY											
CERTIFICATE HOLDER						ELLATION						
	For Informational Purposes Onl			THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE F, NOTICE WILL BE DELI Y PROVISIONS.		ED BEFORE			
					AUTHORIZED REPRESENTATIVE							
						10 000						



CERTIFICATE OF LIABILITY INSURANCE

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	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	DUCER				CONTACT Kylie Proffitt NAME:							
Sca	rbrough Medlin & Associates				PHONE (214) 423-3333 (A/C, No, Ext): (A/C, No): (214) 423-3350							
570	0 Granite Pkwy Ste 500				E-MAIL kylie@scarbrough-medlin.com							
			INSURER(S) AFFORDING COVERAGE NAIC #									
Pla	no			TX 75024-6640	INSURER A : LIO Insurance Company 405							
INSU	RED	INSURE	Dhiladala	hia Indemnity	Insurance Co		18058					
	Vista West HOA				INSURE							
	c/o Legacy Southwest Property	Mana	geme	nt	INSURE							
	8668 John Hickman Pkwy #801				INSURE							
	Frisco			TX 75034	INSURE	RF:						
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL221116222	76			REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUI											
	ERTIFICATE MAY BE ISSUED OR MAY PERT		,									
INSR	XCLUSIONS AND CONDITIONS OF SUCH PO		S. LIM		REDUC	ED BY PAID CL	_AIMS. POLICY EXP	T				
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	φ	00,000		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	_{\$} 100,	,		
١.								MED EXP (Any one person)	\$ 5,00			
Α				HOA1000017203-00		10/21/2022	10/21/2023	PERSONAL & ADV INJURY	φ	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	a ,	00,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	Ψ	00,000		
	OTHER:							COMBINED SINGLE LIMIT	\$			
	AUTOMOBILE LIABILITY							(Ea accident)	\$ Inclu	rgeg		
١.	ANY AUTO OWNED SCHEDULED			110 4 40000 47000 00		40/04/0000	40/04/0000	BODILY INJURY (Per person)	\$			
A	AUTOS ONLY AUTOS			HOA1000017203-00		10/21/2022	10/21/2023	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$			
_	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$			
	AND EMPLOYERS' LIABILITY Y/N											
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT Limit	\$ \$1.0	000,000		
В	Directors & Officers Liability			PCAP036594-0122		10/21/2022	10/21/2023	Retention - Each Claim	\$1,0			
									••,-			
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1		mav be a	ttached if more sr	pace is required)					
l	SOCIATION COMMON AREAS ONLY	(,,	,		,					
١.				PC 11 1 4 4								
. ~	acy Southewst Property Management is inc cies, per written contract.	luded	as Ad	ditional Insured as respects ti	ne refere	enced General	Liability and D	irectors & Officers Liability				
'												
CF	RTIFICATE HOLDER				CANO	ELLATION						
<u> </u>	THE HOLDEN				071110							
								SCRIBED POLICIES BE CAN) BEFORE		
	Lamana O. H. and D. and							F, NOTICE WILL BE DELIVER Y PROVISIONS.	ED IN			
	Legacy Southwest Property Ma	nagen	nent		ACCORDANCE WITH THE POLICY PROVISIONS.							
	8668 John Hickman Parkway				AUTHORIZED REPRESENTATIVE							
	Suite 801			TV 75004	Λ_{α}							
l	Frisco	TX 75034	fly DMM									