



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/10/2019

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.

PRODUCER Duckworth Insurance Agency 13002 W STATE HIGHWAY 29 LIBERTY HILL TX 78642		CONTACT NAME: Daniel Duckworth PHONE (A/C, No, Ext): 5127924220 FAX (A/C, No): E-MAIL ADDRESS: daniel@duckworthinsure.com PRODUCER CUSTOMER ID:															
INSURED Durham Park Association 800 Glasscock Rd Liberty Hill TX 78642		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : UNITED STATES LIAB INS CO</td> <td>25895</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : UNITED STATES LIAB INS CO	25895	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Loc:L1 - 800 Glasscock Rd,Liberty Hill,TX,78642.

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	NPP1585022A	10/15/2019	10/15/2020	<input checked="" type="checkbox"/> BUILDING	\$ 324,000	
	CAUSES OF LOSS					<input type="checkbox"/> DEDUCTIBLES BUILDING	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 25,000
	<input type="checkbox"/>	BASIC					<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/>	BROAD				<input type="checkbox"/> CONTENTS	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/>	SPECIAL					<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/>	EARTHQUAKE				<input type="checkbox"/>	<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/>	WIND				<input type="checkbox"/>	<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/>	FLOOD				<input type="checkbox"/>	<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/>					<input type="checkbox"/>		\$
	<input type="checkbox"/>					<input type="checkbox"/>		\$
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS						\$	
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER				\$	
	<input type="checkbox"/>	CRIME					\$	
	TYPE OF POLICY						\$	
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
							\$	
							\$	

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

CERTIFICATE HOLDER 	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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2019

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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).

PRODUCER		CONTACT NAME: Daniel Duckworth	
Duckworth Insurance Agency		PHONE (A/C, No, Ext): 5127924220	FAX (A/C, No):
13002 W STATE HIGHWAY 29		E-MAIL ADDRESS: daniel@duckworthinsure.com	
LIBERTY HILL TX 78642		INSURER(S) AFFORDING COVERAGE	
		INSURER A: UNITED STATES LIAB INS CO	NAIC # 25895
INSURED		INSURER B:	
Durham Park Association		INSURER C:	
800 Glasscock Rd		INSURER D:	
Liberty Hill TX 78642		INSURER E:	
		INSURER F:	

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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			NPP1585022A	10/15/2019	10/15/2020	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY							\$
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						BODILY INJURY (Per person)	\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per accident)	\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						PROPERTY DAMAGE (Per accident)	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						PER STATUTE	OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
A	DIRECTORS & OFFICERS			NPP1585022A	10/15/2019	10/15/2020	Per Claim	\$1,000,000
							Aggregate	\$1,000,000

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

CERTIFICATE HOLDER	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