	/							-		(MM/DD/YYYY)		
ACORD		CEF	CERTIFICATE OF PROPERTY INSURANCE									
С	ERT	IFICATE DOES	S NOT AFFIRMA	MATTER OF INFORMATION ON TIVELY OR NEGATIVELY AMEND	, EXTEND OR ALTER	THE COVERAGE	AFF	ORDED BY THE POL	ICIES	-		
				SURANCE DOES NOT CONSTITU , AND THE CERTIFICATE HOLDE		WEEN THE ISSUI	NG	INSURER(S), AUTHO	RIZED			
I	f thi	s certificate is	being prepared	I for a party who has an insurable		ty, do not use this	s for	m. Use ACORD 27 o	r ACO	RD 28.		
PRO			n & Associat		NAME: -	ya Morgan						
		ranite Pkw		ces	(A/C, No, Ext):	PHONE (A/C, No, Ext): (214)423-3333 FAX (A/C, No): (214)423-3350 E-MAIL ADDRESS: tanya@scarbrough-medlin.com (214)423-3350 (214)423-3350						
570			, 500 500				-me	dlin.com				
Pla	no		тх	75024-6640	CUSTOMER ID:	PRODUCER CUSTOMER ID: 00010347						
						INSURER(S) AFFORDING COVERAGE						
INSU		Heights C	ondominium (Community, Inc.	INSURER A : Ame	INSURER A: American Risk Insurance Company						
		-	sociation Ma		INSURER B : The	INSURER B: The Hanover Insurance Group						
		. 92649			INSURER C :	INSURER C :						
Aus			тх	78709	INSURER D :	INSURER D :						
					INSURER E :	INSURER E :						
001	<u>/= D</u>	4050		OFFICIATE NUMBER (7822)	INSURER F :							
				CERTIFICATE NUMBER: CP23' PERTY (Attach ACORD 101, Additional Rema			RE	VISION NUMBER:				
See TH IN		TO CERTIFY T	rflow Pages THAT THE POLICIE HSTANDING ANY	E Brodie Ln Austin TX 787	HAVE BEEN ISSUED TO T	R OTHER DOCUME	NT V	VITH RESPECT TO WHI	СН ТНІ			
				PERTAIN, THE INSURANCE AFFORE			IS SI	JBJECT TO ALL THE TE	RMS,			
INSR LTR		TYPE OF INS		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS		
	х	PROPERTY					х	BUILDING	\$	80,146,428		
	CAL	ISES OF LOSS	DEDUCTIBLES				х	PERSONAL PROPERTY	\$	352,760		
		BASIC	BUILDING				х	BUSINESS INCOME	\$	INCLUDEI		
		BROAD	\$10,000 CONTENTS					EXTRA EXPENSE	\$			
A	х	SPECIAL	\$10,000	CF138705-00	7/24/2023	7/24/2024	х	RENTAL VALUE	\$	INCLUDEI		
	EARTHQUAKE			REPLACEMENT COST				BLANKET BUILDING	\$			
	х	WIND	1% p/Bldg	AGREED VALUE				BLANKET PERS PROP	\$			
		FLOOD		100% CO-INSURANCE				BLANKET BLDG & PP	\$			
	х	Wind Hail Deductible	1% p/Bldg				х	ORDINANCE OR LAW	\$	INCLUDED		
									\$			
		INLAND MARINE		TYPE OF POLICY				-	\$			
	CAUSES OF LOSS NAMED PERILS			POLICY NUMBER				-	\$			
								-	\$			
в				BDD-H322817-01	7/24/2023	7/24/2026	x	Employee Theft	\$	1,500,000		
	TYP	E OF POLICY					X	Deductible	\$	7,500		
							x	ERISA	\$	1,000,000		
		BOILER & MACH					-	4	\$			
							-		\$			
							\vdash	-	\$			
SDEC	101.0			ach ACORD 101, Additional Remarks Schedu			L		\$			
Con	mu	nity Asso		nagement, Inc. is addi		as respects	to	the General				
CEF	RTIF	ICATE HOLD	ER		CANCELLAT	ION						
	Р	ommunity .0. Box 9 ustin, TX	2649	n Management, Inc.	THE EXPIRAT	ION DATE THEREO	F, NC	RIBED POLICIES BE CAN DTICE WILL BE DELIVER OVISIONS.		D BEFORE		
	А	uptil, IX	10103									
L						ROD MEDLIN/SAMMED				Melle		
		24 (2009/09) (200909)		The ACORD name and				O CORPORATION.	All rig	hts reserved.		
					-							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/24/2023

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).											
PRODUCER				CONTACT Tanya Morgan							
Scarbrough Medlin & Associates				PHONE (214) 422 2222 FAX (214) 422 2250					123-3350		
5700 Granite Pkwy Ste 500				(A/C, No, Ext): (214) 423-3333 (A/C, No): (214) 423-3330 E-MAIL ADDRESS: tanya@scarbrough-medlin.com							
-				INSURER(S) AFFORDING COVERAGE					NAIC #		
Plano			TX 75024-6640	INSURER A : Tokio Marine Specialty Insurance Company					23850		
INSURED				INSURER B : Philadelphia Indemnity Insurance Co					18058		
Brodie Heights Condomin	ium Comm	unity, l	nc.	INSURER C :							
C/o Community Association	on Manager	nent		INSURE	RD:						
PO Box 92649				INSURE	RE:						
Austin			TX 78709	INSURE	RF:						
COVERAGES	CERTIFIC	ATE	NUMBER: CL237242501	4			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)	LIMI	rs			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000		
CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<mark>\$</mark> 100,	000		
							MED EXP (Any one person)	\$ 5,00	0		
A			PPK2582334		07/24/2023	07/24/2024	PERSONAL & ADV INJURY	φ	0,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	φ	0,000		
							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000		
							COMBINED SINGLE LIMIT	\$ 1.00	0,000		
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$			
	>		PPK2582334		07/24/2023	07/24/2024	BODILY INJURY (Per accident)	\$			
AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	Ŷ							\$			
VUMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 5,00	0,000		
A EXCESS LIAB CLAIMS	MADE		PUB874587		07/24/2023	07/24/2024	AGGREGATE	\$ 5,00	0,000		
DED KRETENTION \$ 10,000								\$			
WORKERS COMPENSATION							PER OTH- STATUTE ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	Y/N						E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Directors & Officers							Limit	\$1,0	00,000		
B			PCAP010351-0618		07/24/2023	07/24/2024	Deductible	\$2,5	00		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Community Association Management, Inc. is additional insured as respects to the General Liability and Directors & Officers											
CERTIFICATE HOLDER				CANC	ELLATION						
Community Association N P.O. Box 92649	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
1.0. DOX 92049				AUTHO	RIZED REPRESEI	NTATIVE					
Austin			TX 78709	fly Drylle							

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