ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

	、						08	/08/2018	
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 Dave Hovey				
Solidarity Insurance					PHONE (A/C, No, Ext): (214) 206-8999 FAX (A/C, No): (817) 439-2487				
701 COMMERCE ST					E-MAIL ADDRESS: Contactus@SolidarityServices.com				
				INSURER(S) AFFORDING COVERAGE				NAIC #	
DALLAS TX 75202-4522				INSURER A : EVANSTON INS CO				35378	
INSURED				INSURER B :					
Hardin Village HOA Inc				INSURER C :					
c/o Essex Association Management				INSURER D :					
1512 Crescent Dr., Suite 112				INSURER E :					
Carrollton COVERAGES CEF	TICI	~ ^ TE	TX 75006						
COVERAGES CERTIFICATE NUMBER: 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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
							EACH OCCURRENCE \$ 1,0 DAMAGE TO RENTED	00,000	
CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$ 100),000	
							MED EXP (Any one person) \$ 1,0		
A		2AA138365			07/17/2018	07/17/2019	PERSONAL & ADV INJURY \$ 1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000		
POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$ 2,0	00,000	
							COMBINED SINGLE LIMIT		
							(Ea accident) BODILY INJURY (Per person) \$		
OWNED SCHEDULED							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$		
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE		
AUTOS ONLY AUTOS ONLY							(Per accident)		
							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
DED RETENTION \$							S S		
WORKERS COMPENSATION							PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$		
OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
							· · · · · · · · · · · · · · · · · · ·		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	0 101, Additional Remarks Schedu	ıle, may b	e attached if mo	e space is requir	red)		
CERTIFICATE HOLDER				CANCELLATION					
***proof of coverage				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
***proof of coverage					AUTHORIZED REPRESENTATIVE				
***proof of coverage					N-16				
***proof of coverage					, t				
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