ACORD

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

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				ודוס				11	/17/2020	
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 NAME:   Eric Corcoran										
Solidarity Insurance					PHONE (04.4) 000 0000 FAX (04.7) 400 0407					
701 COMMERCE ST					(A/C, No, Ext):   (214)   200-8999   (A/C, No):   (817)   439-2487     E-MAIL ADDRESS:   Contactus@SolidarityServices.com					
					INSURER(S) AFFORDING COVERAGE					
DALLAS TX 75202-4522					INSURER A : EVANSTON INS CO					
INSURED				INSURER B :						
Hardin Village HOA Inc				INSURER C :						
1512 Crescent Dr				INSURER D :						
Carrollton TX 75006				INSURER E :						
COVERAGES CERTIFICATE NUMBER:				INSURE	KF:		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	тѕ		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,0	00,000	
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100		
			04 4000740		07/17/2020	07/17/2021	MED EXP (Any one person)	\$ 500		
A GEN'L AGGREGATE LIMIT APPLIES PER:			2AA332712		07/17/2020	07/17/2021	PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 2,000,000		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	+	00,000	
OTHER:								\$	,	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	LIMIT \$		
ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident PROPERTY DAMAGE	,		
							(Per accident)	\$		
EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
AND EMPLOYERS LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYE			
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORE	101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requir	red)			
					CANCELLATION					
***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					
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