

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

	`								/03/2021	
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 (A/C, No, Ext): (214) 206-8999 FAX (A/C, No): (817) 439-2487					
701 Commerce St.					E-MAIL ADDRESS: Contactus@SolidarityInsurance.com					
Suite 611					INSURER(S) AFFORDING COVERAGE NAIC #					
Dallas TX 75202-4522					INSURER A : EVANSTON INS CO					
INSURED					INSURER B :					
Hardin Village HOA Inc					INSURER C :					
1512 Crescent Dr					INSURER D :					
		INSURER E :								
Carrollton TX 75006					INSURER E :					
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)	LIMIT	s		
COMMERCIAL GENERAL LIABILITY				_			EACH OCCURRENCE	\$ 1,0	00,000	
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000	
							MED EXP (Any one person)	\$ 5,0	00	
A			2AA332712		07/17/2021	07/17/2022	PERSONAL & ADV INJURY	\$ 1.0	00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
PRO-							PRODUCTS - COMP/OP AGG		00,000	
							FRODUCTS - COMP/OF AGG	\$ 2,0		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$ \$		
AUTOS ONLY AUTOS ONLY							(Per accident)			
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE	_						AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							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)							E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requir	red)			
				-		-				
CERTIFICATE HOLDER					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.					
	АUTHO	RIZED REPRESE	NTATIVE							
					- @ 40	29_201E AC		ما بام	ate record	
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