



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
3/1/2021

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.

PRODUCER Swingle, Collins & Associates 13760 Noel Road, Suite 600 Dallas TX 75240	CONTACT NAME:		
	PHONE (A/C. No. Ext):	972-387-3000	FAX (A/C. No): 972-387-3808
	E-MAIL ADDRESS:	services@swinglecollins.com	
	PRODUCER CUSTOMER ID:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Townes of Buckingham Townhome Owners Associatio c/o Neighborhood Management, Inc. 1024 S. Greenville Ave, Suite 230 Allen TX 75002	INSURER A:	Philadelphia Insurance Company	23850
	INSURER B:	Third Coast Insurance Company	10713
	INSURER C:	Lloyds of London	
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 548656932 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
81 Units Covered

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
B	<input checked="" type="checkbox"/>	PROPERTY	STR703319721	2/26/2021	2/26/2022	<input checked="" type="checkbox"/> BUILDING	\$ 12,744,400
	CAUSES OF LOSS	DEDUCTIBLES				<input type="checkbox"/> PERSONAL PROPERTY	\$
	BASIC	BUILDING				<input type="checkbox"/> BUSINESS INCOME	\$
	BROAD	10,000				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL	CONTENTS				<input type="checkbox"/> RENTAL VALUE	\$
	EARTHQUAKE	10,000				<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 12,744,400
	<input checked="" type="checkbox"/> WIND	2%				<input type="checkbox"/> BLANKET PERS PROP	\$
	FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
			<input checked="" type="checkbox"/> Outdoor Propert	\$ 139,250			
				\$			
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS						\$
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER				\$
							\$
A	<input checked="" type="checkbox"/>	CRIME	PCAC0093670220	2/26/2021	2/26/2022	<input checked="" type="checkbox"/> Employee Theft	\$ \$100,000
	TYPE OF POLICY					<input checked="" type="checkbox"/> Forgery or Alte	\$ \$25,000
	Employee Theft					<input checked="" type="checkbox"/> Money & Sec	\$ \$25,000
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
							\$
C		Deductible Buy Down	21N3060800025	2/26/2021	2/26/2022	<input checked="" type="checkbox"/> Deductible	\$ 1%
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Crime Deductible \$250

CERTIFICATE HOLDER

CANCELLATION

For Information 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2021

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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 Swingle, Collins & Associates 13760 Noel Road, Suite 600 Dallas TX 75240	CONTACT NAME: PHONE (A/C. No. Ext): 972-387-3000		FAX (A/C. No): 972-387-3808
	E-MAIL ADDRESS: services@swinglecollins.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Philadelphia Insurance Company			23850
INSURER B : Western World Insurance Co			13196
INSURER C :			
INSURER D :			
INSURER E :			
INSURER F :			

INSURED TOWNOFB-01
 Townes of Buckingham Townhome Owners Association I
 c/o Neighborhood Management, Inc.
 1024 S. Greenville Ave, Suite 230
 Allen TX 75002

COVERAGES

CERTIFICATE NUMBER: 1882161390

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)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NPP8783394	2/26/2021	2/26/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CRIME/EMPLOYEE THEFT			PCAC0093670220	2/26/2021	2/26/2022	\$100,000 Ded. \$250

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

CERTIFICATE HOLDER**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

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