

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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@SolidarityInsurance.com					
					INSURER(S) AFFORDING COVERAGE NAIC #					
DALLAS TX 75202-4522					INSURER A : KINSALE INS CO					
INSURED					INSURER B :					
Bishop Arts Tenth Street Condominium Association, Inc.					INSURER C :					
1512 Crescent Dr					INSURER D :					
					INSURER E :					
Carrollton TX 75006					INSURER F :					
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	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY							DAMAGE TO DENITED	; 1,00 ; 100	00,000 ,000	
							MED EXP (Any one person) \$	s exc	luded	
A			3AA444575		12/27/2020	12/27/2021	PERSONAL & ADV INJURY	NJURY \$ 1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	5		
OTHER:							\$	5		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)			
ANY AUTO							BODILY INJURY (Per person) \$	5		
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	5		
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	5		
							\$	5		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	6		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	5		
DED RETENTION \$							9	6		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							PER OTH- STATUTE ER			
							E.L. EACH ACCIDENT	6		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	5		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	5		
B Crime			S000463345							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Severability of interests clause applied. Property manager is listed on policy S000463345. Currently 24 TH/8 buildings units listed. Policy requires 10 day written notice for cancelation.										
CERTIFICATE HOLDER					CANCELLATION					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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