



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2024

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).

<b>PRODUCER</b> Solidarity Insurance 4570 Westgrove Dr. Suite 273 Addison TX 75001		<b>CONTACT NAME:</b> Lizette Gonzalez <b>PHONE (A/C No. Ext):</b> (214) 206-8999 <b>E-MAIL ADDRESS:</b> Contactus@SolidarityInsurance.com <b>FAX (A/C, No):</b> (817) 439-2487	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> WESCO INS CO	<b>NAIC #</b> 25011
<b>INSURED</b>		<b>INSURER B:</b> PHILADELPHIA IND INS CO	18058
Bel Air Village Residential HOA 1512 Crescent Dr Carrollton TX 75006		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**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	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			WPP200476201	12/29/2023	12/29/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> N/A				E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Directors and Officers			PCAP041204-0223	11/08/2024	11/08/2025	Limit of Liability	\$1,000,000
							Deductible	\$1,000

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

Policy requires 10 day written notice for cancellation.

Sherman, TX 75090

**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.

AUTHORIZED REPRESENTATIVE

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## ADDITIONAL REMARKS SCHEDULE

AGENCY Solidarity Insurance		NAMED INSURED Bel Air Village Residential HOA	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance

94 TH units listed.  
 BLDG1: 1147-1151-1155-1159 MORGAN DR  
 BLDG2: 3722-3726-3730-3734 MALIBU DR  
 BLDG3: 3702-3706-3710-3714-3718 MALIBU DR  
 BLDG4: 3721-3725-3729-3733-3737 MALIBU DR  
 BLDG5: 3701-3705-3709-3713-3717 MALIBU DR  
 BLDG6: 3700-3704-3708-3712 QUEEN RD  
 BLDG7: 3700-3704-3708-3712-3716-3720 PARADISE WAY  
 BLDG8: 3701-3705-3709-3713-3717 BEL AIR BLVD  
 BLDG9: 3724-3728-3732-3736-3740 PARADISE WAY  
 BLDG10: 1217-1221-1225-1229 MORGAN DR  
 BLDG11:1110-1114-1118-1122 MORGAN DR  
 BLDG12: 1126-1130-1134-1138-1142 MORGAN DR  
 BLDG13: 3723-3727-3731-3735 QUEEN RD  
 BLDG14: 1201-1205-1209-1213 MORGAN DR|  
 BLDG15: 3721-3725-3729-3733-3737 Bel Air Blvd  
 BLDG 16:3741-3745-3749-3753-3757 BEL AIR BLVD  
 BLDG 17: 3703-3707-3711-3715-3719 QUEEN RD  
 BLDG18:3716-3720-3724-3728-3732 QUEEN RD  
 BLDG19: 1146-1150-1154-1158-1162 MORGAN DR  
 BLDG20:3736-3740-3744-3748-3752 QUEEN RD  
 BUILDING 21:1131-1135-1139-1143 MORGAN DR