

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

4570 Westgrove Dr.       Insure Carrollton       Insurer(s) AFFORDING COVERAGE         Suite 273       Insurer(s) AFFORDING COVERAGE       Insurer(s) AFFORDING COVERAGE         Addison       TX 75001       Insurer A : Evanston Insurance Company         INSURED       Insurer B : Philadelphia Indemnity Insurance Company         1512 Crescent Dr       Insurer C : StarNet Insurance Company         Carrollton       TX 75006         Insurer F :       Insurer F :         COVERAGES       CERTIFICATE NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIENT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W					
NAME:       Light Solidarity Insurance         Addison       TX 7500         Suite 273       Insurer A:         Addison       TX 75001         INSURE 73       Insurer A:         EWISVILLE WATERS EDGE II CONDOMINUM OWNERS AS:       Insurer B:         1512 Crescent Dr       Insurer B:         Correlation       TX 75000         Insurer B:       REVISION NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURER AFORED DE SPECIFIED BY THE POLICIES OF INSURER AFORED DE T	NAIC # 35378 18058				
Solidarity Insurance       PMONE (AC, No): (817) 43         4570 Westgrove Dr.       Suite 273         Addison       TX 75001         INSURER A: Evanston Insurance Company       Insurer B: Philadelphia Indemnity Insurance Company         INSURED       Insurer B: Philadelphia Indemnity Insurance Company         ISSUE 273       Insurer B: Philadelphia Indemnity Insurance Company         ISSUE 275       Insurer B: Philadelphia Indemnity Insurance Company         INSURER D:       Insurer B: Philadelphia Indemnity Insurance Company         ISSUE 275       CERTIFICATE NUMBER:         Carrollton       TX 75006	NAIC # 35378 18058				
4570 Westgrove Dr.       EMAIL SUIte 273       INSURERS Contactus @ SolidarityInsurance.com         Addison       TX 75001       INSURER A : Evanston Insurance Company       Insurers A : Evanston Insurance Company         NSURED       Insurers A : Evanston Insurance Company       Insurers A : Evanston Insurance Company       Insurers A : Evanston Insurance Company         NSURED       LEWISVILLE WATERS EDGE II CONDOMINIUM OWNERS AS: 1512 Crescent Dr       Insurers E : Insurers C : StarNet Insurance Company       Insurers C : StarNet Insurance Company         THIS IS TO CERTIFY THAT THE POLICES OF INSURED SELOW HAVE BEEN ISSUED To THE INSURED NAMED ASOC FOR THE POLINIDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE LISTED BELOW HAVE BEEN REDUCED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL TI EXECUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         MSR       TYPE OF INSURANCE       INSURER P : POLICY NUMBER       POLICY NUMBER       POLICY NUMBER       POLICY NUMBER       EACH OCCURENCE \$ 1,000 PRODUCTS - COMPIOP AGE \$	35378 18058				
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1512 Crescent Dr         INSURER D :         Carroliton         TX 7500_         INSURER E :         INSURER F :         COVERAGES         CERTIFICATE NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICINIDAD ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TO WE CERTIFICATE MAY BE ISSUED OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INSURANCE INTYPE OF INSURANCE ADOUSUBR         NODUCY DIVIDENCIAL SAMPS AND CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WE DESCRIBED HEREIN IS SUBJECT TO ALL TO WE PREVIOUS SAND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INSURANCE INTYPE OF INSURANCE INTY MADE MAY POLICY NUMBER         MODUCY DIVIDENTITY         ADOUS MARCE TO RITIFY         COMMED ANDE COCUR         COMMED ANDE COCUR         CERTIFY THAT THE POLICIES OF INSURANCE INTY         MODUCY DIVIDENTY         COMMED ANDE COLSPANE"         COMMED ANDE COLSPANE"         CENTIFY THAT THE INSURCE CONTIFY	40045				
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A       COMMERCIAL GENERAL LIABILITY       SAA898113       Columnation       Columnation       S 1,000         A       Columnation       Columnation       S 1,000       Marked To RENTED       \$ 10,00         GENL AGGREGATE LIMIT APPLIES PER:       SAA898113       O5/16/2025       D5/16/2025       PERSONAL & ADV INJURY       \$ 1,000         GENL AGGREGATE LIMIT APPLIES PER:       JEC       Loc       S 2,000       PRODUCTS - COMP/OP AGG       \$ Include         OTHER:       ANY AUTO       S COMBINED SINGLE LIMIT       \$ 2,000       S COMBINED SINGLE LIMIT       \$ 2,000         OWNED       ANY AUTO       SCHEDULED       S CHEDULED       S CHEDULED       S CHEDULED       S CHEDULED         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       SCHEDULED       S CHEDULED       S	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.				
A       COMMERCIAL GENERAL LIABILITY       EACH OCCURRENCE       \$ 1,000         CLAIMS-MADE       COCUR       S 10,00         A       A       A       BODILY (Any one person)       \$ 10,00         GENIL AGGREGATE LIMIT APPLIES PER:       SAA898113       05/16/2025       05/16/2026       PERSONAL & ADV INJURY       \$ 1,000         GENIL AGGREGATE LIMIT APPLIES PER:       JECT       LOC       LOC       S 05/16/2025       05/16/2026       PERSONAL & ADV INJURY       \$ 1,000         MADE       JECT       LOC       LOC       S 05/16/2025       05/16/2025       PERSONAL & ADV INJURY       \$ 1,000         MADE       JECT       LOC       S       S 05/16/2025       PERSONAL & ADV INJURY       \$ 1,000         MADE       JECT       LOC       S       S 05/16/2025       PERSONAL & ADV INJURY       \$ 1,000         MADE       JECT       LOC       S       S 05/16/2025       PERSONAL & ADV INJURY       \$ 1,000         MADE       S       S       S 05/16/2025       PERSONAL & ADV INJURY       \$ 1,000       S 05/16/2025       PERSONAL & ADV INJURY       \$ 1,000         OTHER:       AUTOS ONLY       AUTOS ONLY       S 05/16/2025       PERSONAL & ADV INJURY       \$ 1,000       S 05/16/2025       PERSONAL & AD					
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X       POLICY       PRO- JECT       LOC       PRODUCTS - COMP/OP AGG       \$ Include         OTHER:       COMBINED SINGLE LIMIT       \$       \$         AUTOMOBILE LIABILITY       COMBINED SINGLE LIMIT       \$         ANY AUTO       BODILY INJURY (Per person)       \$         OWNED AUTOS ONLY       SCHEDULED AUTOS ONLY       BODILY INJURY (Per person)       \$         HIRED AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per accident)       \$         UMBRELLA LIAB       OCCUR       \$       \$       \$         EXCESS LIAB       CLAIMS-MADE       \$       \$         DED       RETENTION \$       \$       \$         WORKERS COMPENSATION AUTOR       \$       \$       \$         MORKERS COMPENSATION \$       \$       \$       \$         MORKERS COMPENSATION       \$       \$       \$         MORKERS COMPENSATION       \$       \$       \$         MORKERS COMPENSATION       \$       \$       \$	,000				
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ANY AUTO       Image: Constraint of the second					
OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED DED     SCHEDULED AUTOS NON-OWNED AUTOS ONLY     BODILY INJURY (Per accident)     \$       WOBRELLA LIAB DED     OCCUR CLAIMS-MADE     SCHEDULED AUTOS ONLY     SCHEDULED AUTOS AUTOS ONLY     \$       UMBRELLA LIAB DED     OCCUR CLAIMS-MADE     OCCUR CLAIMS-MADE     SCHEDULED AUTOS ONLY     \$       DED     RETENTION \$     CLAIMS-MADE     \$       WORKERS COMPENSATION AUTOS ONLY     STATUTE     OTH- STATUTE					
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DED     RETENTION \$     \$       WORKERS COMPENSATION AND EMPLOYERS LIADES LIAD					
WORKERS COMPENSATION					
ANY PROPRIETOR/PARTNER/EXECUTIVE S					
(Mandatory in NH)       E.L. DISEASE - EA EMPLOYEE \$         If yes, describe under       E.L. DISEASE - POLICY LIMIT \$         DESCRIPTION OF OPERATIONS below       E.L. DISEASE - POLICY LIMIT \$					
	0.000				
Directors and Onicers	0,000				
B PCAP043882-0224 05/16/2025 05/16/2026 Deductible \$500					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Separation of Insureds or Severability of Interest clause applied. Policy requires 10 day notice for cancellation. Additonal Insured: Essex Association Management Currently 27 units & 9 buildings covered.   C)Crime Policy (05/16/2025 - 05/16/2026): QDR0002736-00   Agreements 1-6,7-Limit of Insurance: \$65,000 Deductible: \$1,000					
CERTIFICATE HOLDER CANCELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED I THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVE ACCORDANCE WITH THE POLICY PROVISIONS.					
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MER ID: \_\_\_\_\_\_ LOC #: \_\_\_\_\_ AGENCY CUSTOMER ID:

ACORD	

## ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY		NAMED INSURED		
Solidarity Insurance		LEWISVILLE WATERS EDGE II CONDOMINIUM OWNERS ASSOCIATION IN		
POLICY NUMBER				
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,				
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance				

9 buildings and 27 units listed. BLDG1: 420 Waters Edge Dr, #410-#411-#412 BLDG2: 420 Waterscape Dr, #1235-#1236-#1237 BLDG3: 436 Watersedge Dr, #616, #617, #618 BLDG4: 428 Watersedge Dr, #513, #514, #515 BLDG5:118 Bridgewater Way #24, #25, #26 BLDG6:110 Bridgewater Way #11 #12 #13 BLDG7:429 Waterscape Dr. #1029 #1030 #1031 BLDG8:437 Waterscape Dr. #1132 #1133 #1134 BLDG9: 421 Waterscape Dr #926 #927 #928