

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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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: Lizette Gonzalez PHONE (A/C, No, Ext): (214) 206-8999 FAX (A/C, No): (817) 439-2487					
Solidarity Insurance										
4570 Westgrove Dr. Suite 273										
Addison				TX 75001	INSURER(S) AFFORDING COVERAGE INSURER A : WESTERN WORLD INSURANCE COMPAN				✓	NAIC # 13196
INSURED						INSURER B: ACE FIRE UNDERWRITERS INS CO				20702
Westfield at Anna, HOA					INSURER C :					20102
1512 Crescent Dr						INSURER D :				
					INSURER E :					
Carrollton				TX 75006	INSURER F :					
СО	COVERAGES CER			E 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		ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	тѕ	
							(11111)	EACH OCCURRENCE	\$ 1,0	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	0,000
								MED EXP (Any one person)	\$ 5,00	00
A				NPP6114029		03/14/2024	03/14/2025	PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	-	uded
<u> </u>	OTHER:							COMBINED SINGLE LIMIT	\$	
								COMBINED SINGLE LIMIT (Ea accident)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per person) 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 EMPLOTERS LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE	= \$	
L	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
	Misc. Professional Liability							Limit of Liability		00,000
В				ADOTXF160475452-004		03/14/2024	03/14/2025	Deductible	\$1,0	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.										
CERTIFICATE HOLDER										
					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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