## ERTIFICATE OF LIABILITY INSURANCE

CASTL-5 OP ID: WC

DATE (MM/DD/YYYY) 10/08/2013

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 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

COLUMN	to moraot in mod or odom one or oding		AANTAAT			
PRODUCER Anco Insurance B/CS P. O. Box 3889 Bryan, TX 77805 Adrian G. McDonald, Jr.		Phone: 979-776-2626	NAME:			
		Fax: 979-774-5372	PHONE (A/C, No, Ext):	FAX (A/C, No):		
			E-MAIL ADDRESS:	and the second	1	
			INSURER(S) AFFORDING CO	(S) AFFORDING COVERAGE		
			INSURER A: Mid-Continent Casualty (	Co.		
INSURED	Castlegate Owners Association		INSURER B. lan H. Graham, Inc.			
	Sandie Miller P.O. Box 9748 College Station, TX 77840		INSURER C : Chubb Group - Houston			
			INSURER D :			
			INSURER E :			
			INSURER F:	ikkuminyyksä 200 min minintaina kori minintää ja 100 minintää ja 100 minintää ja 100 minintää ja 100 minintää	A STATE OF THE PARTY OF THE PAR	
	AFA AFATIFICATI	E MITADED.	REVISION NUMBER			

Jonege Gation, 1X 11010								1
			*	INSURER E :				
				INSURER F :				
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:				
TI	IS IS TO CERTIEY THAT THE POLICIES	OF INSU	RANCE LISTED BELOW HA	VE BEEN ISSUED TO	THE INSURE	D NAMED ABOVE FOR T	HE POI	ICY PERIOD
INI	DICATED NOTWITHSTANDING ANY RE	OUIREME	NT. TERM OR CONDITION	OF ANY CONTRACT	OR OTHER D	OCUMENT WITH RESPE	CT TO	WHICH THIS
CE	ERTIFICATE MAY BE ISSUED OR MAY	PERTAIN,	THE INSURANCE AFFORD	ED BY THE POLICIE	S DESCRIBEL	HEREIN IS SUBJECT T	O ALL	THE TERMS,
EX	(CLUSIONS AND CONDITIONS OF SUCH	POLICIES.	LIMITS SHOWN MAY HAVE					
NSR TR	TYPE OF INSURANCE	INSR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
-115	GENERAL LIABILITY	1145013 883.52				EACH OCCURRENCE	\$	1,000,0
A	X COMMERCIAL GENERAL LIABILITY		04GL000883802	08/27/2013	08/27/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,0
Ì	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	Exclude
	Y D&O liability		0250531645	02/20/2012	02/20/2013	PERSONAL & ADVINJURY	s	1,000,0

00 2,000,000 GENERAL AGGREGATE \$1M 2,000,000 PRODUCTS - COMP/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT \$ POLICY LOC COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY **BODILY INJURY (Per person)** \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE HIRED AUTOS AUTOS (Per accident) \$ UMBRELLA LIAB **EACH OCCURRENCE** \$ OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT NIA OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE

06635240

ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks :	Schedule, if more space is required)	
CERTIFICATE HOLDER	CANCELLATION	

С

SAMPLE

If yes, describe under DESCRIPTION OF OPERATIONS below

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

MM Dand for

09/26/2013 09/26/2014 Property

E.L. DISEASE - POLICY LIMIT

217,000