

CERTIFICATE OF LIABILITY INSURANCE

GARDE-6 OP ID: AS

DATE (MM/DD/YYYY) 08/25/2016

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

		ns and conditions of the policy, ate holder in lieu of such endors						tement on th	is certificate do	es not c	onfer	rights to the	
PRODUCER							CONTACT Adrian G. McDonald, Jr.						
Anco Insurance B/CS P. O. Box 3889						PHONE (A/C, No, Ext): 979-776-2626 FAX (A/C, No): 979-774-5372						774-5372	
Bry	an, TX	77805				E-MAIL ADDRE							
Adr	ıan G.	McDonald, Jr.				7,55,1,2		JRER(S) AFFORI	DING COVERAGE			NAIC #	
							INSURER(S) AFFORDING COVERAGE INSURER A: Mid-Continent Casualty Co.						
INSL	IRED	The Gardens of Castlega	te			1							
		Owners Association, Inc.				INSURER B : Great American Ins. Co of NY							
		4490 Castlegate Drive	-			INSURER C:							
		College Station, TX 7784)			INSURER D:							
						INSURER E :							
	VED 4	050	TIFE			INSURER F:							
	VERA	TO CERTIFY THAT THE POLICIES			E NUMBER:	VE DEE	N ICCLIED TO		REVISION NUI		IE DO	N IOV BEDIOD	
IN C	IDICAT ERTIFI	ED. NOTWITHSTANDING ANY RECATE MAY BE ISSUED OR MAY HOUSE AND CONDITIONS OF SUCH	QUIF PERT POLI	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I	DOCUMENT WITH D HEREIN IS SU	H RESPE	CT TC O ALL	WHICH THIS	
LTR	V	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	s		
Α	X c	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			08GL000959423		08/27/2016	08/27/2017	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		1,000,000 100,000		
									MED EXP (Any one		\$	EXCLUDED	
									. , , ,		\$	1,000,000	
	GEN'I	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$	2,000,000	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	POLICY PRO- JECT LOC							PRODUCTS - COM		\$	2,000,000	
		OTHER:								. , 0. , 1.00	\$,,	
	 	MOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$		
		NY AUTO							(Ea accident) BODILY INJURY (P	er person)	\$		
	A	ALL OWNED SCHEDULED							BODILY INJURY (P		\$		
		AUTOS AUTOS NON-OWNED							PROPERTY DAMAG		\$		
	H	IIRED AUTOS AUTOS							(Per accident)		\$		
	-	JMBRELLA LIAB OCCUP							540U 000UDD5W	<u> </u>			
		OCCUR							EACH OCCURREN	CE	\$		
		CEAINIO-INIADE							AGGREGATE		\$		
		DED RETENTION \$ ERS COMPENSATION							PER	OTH-	\$		
	AND E	MPLOYERS' LIABILITY Y / N							STATUTE	ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDE		\$			
	If ves. o	atory in NH) describe under							E.L. DISEASE - EA				
_		RIPTION OF OPERATIONS below			MA 04 40 4 40 F 00		00/07/0040	00/07/0047	E.L. DISEASE - POI	LICY LIMIT	\$		
В	Prope	erty Coverage			MAC1434425-00		08/27/2016		refer to				
									policy				
DES	CRIPTIO	N OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI) 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requir	red)				
CERTIFICATE HOLDER						CANCELLATION							
SAMPLE						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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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 certificate holder in lieu of such endorsement(s)

•••••									
PRODUCER	D/00	CONTACT Adrian G. McDonald, Jr.							
Anco Insu P. O. Box	ırance B/CS 3889	PHONE (A/C, No, Ext): 979-776-2626	FAX (A/C, No): 979-774-5372						
Bryan, TX 77805 Adrian G. McDonald, Jr.		E-MAIL ADDRESS:	È-MÀIL						
		INSURER(S) AFFORDING COVERA	GE NAIC#						
		INSURER A: Mid-Continent Casualty Co.							
INSURED	The Gardens of Castlegate	INSURER B : Great American Ins. Co of N	Υ						
	Owners Association, Inc. 4490 Castlegate Drive	INSURER C:							
	College Station, TX 77845	INSURER D :							
		INSURER E :							
		INSURER F:							
COVERA	GES CERTIFICATE N	I IMRED. PEVISION	NIIMRED:						

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	NSR LTR TYPE OF INSURANCE		ADDL S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	Χ	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR			08GL000959423	08/27/2016	08/27/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ EXCLUDED
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$
		HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MAD							AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
В	Property Coverage				MAC1434425-00	08/27/2016	08/27/2017	refer to	
								policy	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

NEIGCOL

Neighborhood Partners, LLC Sandie Miller PO Box 9748 College Station, TX 77842

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