							CA	STL-5		OP ID: WH											
ACORD			т		DII					DATE (MM/DD/YYYY)											
CERTIFICATE OF LIABILITY INSURANCE 07/18/2019 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).																					
PRO	DUCER		-776-2626	CONTA	CONTACT Adrian G. McDonald, Jr.																
Anco Insurance B/CS P. O. Box 3889						NAME:         FAX         979-776-2626         FAX         979-774-5372         (A/C, No):         979-774-5372         (A/C, No):         (A/C, No):															
Bry	an, TX 77805 ian G. McDonald, Jr.		E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #																		
						INSURER A : Mid-Continent Casualty Co. 23418															
INSURED Castlegate Homeowners Assc Inc						R B Federal		20281													
Sandie Miller					INSURER C : Continental Casualty Co.					20443											
	4519 Mills Park Cir, Ste 200 College Station, TX 77845				INSURER D :																
	-				INSURER E :																
					INSURER F :																
<u> </u>	VERAGES CER	E NUMBER:																			
			-		/F BFF	N ISSUED TO				ICY PERIOD											
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.																					
	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	DELINI	POLICY EFF	POLICY EXP	LIMIT													
	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000											
	CLAIMS-MADE X OCCUR			0601 004025024		00/07/0040	00/07/0000	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000											
c	X D&O Liability			06GL001025024			08/27/2020		\$	EXCLUDED											
ľ	\$1 Million Limits			0250531645		02/20/2019	02/20/2020		\$	1,000,000											
	· · · · · · · · · · · · · · · · · · ·							PERSONAL & ADV INJURY	\$	2,000,000											
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000											
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000											
	OTHER:							COMBINED SINGLE LIMIT	\$												
								(Ea accident)	\$												
	ANY AUTO							BODILY INJURY (Per person)	\$												
	OWNED AUTOS ONLY HIRED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$												
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ \$												
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$												
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$												
	DED RETENTION \$								\$												
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER													
								E.L. EACH ACCIDENT	\$												
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$												
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$												
В	Equipment Coverage			06635240WCE		09/26/2019	09/26/2020														
B	Property Coverage			06635240WCE		09/26/2019	09/26/2020	TIV		237,000											
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (		) 101 Additional Remarks Schedu	le may h	e attached if mor	e space is requir	ed)	L												
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																					
CE	RTIFICATE HOLDER			CANCELLATION																	
Castlegate Homeowners Assoc 4519 Mills Park Cir, Ste 200						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.															
											1	College Station, TX 77840				AUTHORIZED REPRESENTATIVE					
											1		adim & McDance for								
1				lamp in warry 1																	

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