

WENDYH DATE (MM/DD/YYYY)

GARDOFC-01

	ER	RTI	FICATE OF LIA	BIL	ITY INS	SURAN	CE		/11/2021
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVEL) SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR AL	FER THE CO	OVERAGE AFFORDED	TE HC BY TI	DLDER. THIS HE POLICIES
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may			
PRODUCER					^{c⊤} Wendy H				
Anco Insurance PO Box 3889 Bryan, TX 77805				PHONE (A/C, No, Ext): (979) 774-6293 FAX (A/C, No):(979) 7					774-5372
				E-MAIL ADDRESS: harrod@anco.com					
					INSURER(S) AFFORDING COVERAGE				
					INSURER A : U. S. Liability Insurance Co.				
INSURED				INSURER B :					
The Gardens of Castlegate Owners Association, Inc. PO Box 197 Wellborn, TX 77881			INSURER C :						
			INSURER D :						
COVERAGES CERTIFICATE NUMBER:									
THIS IS TO CERTIFY THAT THE POLICI				HAVE B	FEN ISSUED	TO THE INSU			
INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT	TAIN,	THE INSURANCE AFFORM	DED BY	THE POLIC	IES DESCRIE	BED HEREIN IS SUBJECT		
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	тѕ	
A X COMMERCIAL GENERAL LIABILITY					. ,		EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR			NPP1605080		8/7/2021	8/7/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000 Included
							PRODUCTS - COMP/OP AGG	\$	Included
							COMBINED SINGLE LIMIT	\$	
							(Ea accident)	\$ \$	
OWNED SCHEDULED AUTOS							BODILY INJURY (Per person) BODILY INJURY (Per accident		
HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
UMBRELLA LIAB OCCUR								\$ \$	
EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
DED RETENTION \$							AGGREGATE	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	Ť	
	N/A						E.L. EACH ACCIDENT	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below					0/=/	0/= 10 5 = -	E.L. DISEASE - POLICY LIMIT	\$	
A Commercial Property			NPP1605080		8/7/2021	8/7/2022	refer to policy		4 000 000
A Directors & Officers			NPP1605080		8/7/2021	8/7/2022	Limit		1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedu	le, may b	e attached if mo	 re space is requi	red)	1	
				CANO	ELLATION				

The Gardens of Castlegate Owners Association, Inc	;
PO Box 197	
Wellborn, TX 77881	

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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