

TAYLORF



DATE (MM/DD/YYYY) 1/11/2023

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.

| l if | SU nis c | BROGATION IS ertificate does no | WAIVED, subje ot confer rights t | ot to | the cert | terms and conditions of ificate holder in lieu of su | the po | licy, certain lorsement(s) | policies may | require an endorsemen | t. As | tatement on | |
|---|---|------------------------------------|--|---------------------|--------------|---|--|---|--|--|-----------|-------------|--|
| PRODUCER | | | | | | | | CONTACT Melissa Duckett NAME: PHONE (070) 774 6557 | | | | | |
| Anco Insurance | | | | | | | PHONE (A/C, No, Ext): (979) 774-6557 FAX (A/C, No): (979) 774-5372 | | | | | | |
| PO Box 3889 Bryan, TX 77805 | | | | | | | | E-MAIL address: duckett@anco.com | | | | | |
| | | | | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | |
| | | | | | | | | INSURER A : U. S. Liability Insurance Co. | | | | NAIC # | |
| INSURED | | | | | | | | INSURER B : Continental Casualty Co. | | | | | |
| | | | | | | | | INSURER C: | | | | | |
| Castlegate Owners Association Inc PO Box 197 | | | | | | | | INSURER D : | | | | | |
| Wellborn, TX 77881 | | | | | | | INSURER E : | | | | | | |
| | | | | | | | INSURER F: | | | | | | |
| COVERAGES CERTIFICATE NUMBER: | | | | | | | | REVISION NUMBER: | | | | | |
| II C | NDIC. | ATED. NOTWITHS IFICATE MAY BE | STANDING ANY F ISSUED OR MAY | REQU PER POLI | TAIN CIES | SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE | N OF A | ANY CONTRA 7 THE POLIC REDUCED BY | CT OR OTHER IES DESCRIB PAID CLAIMS. | R DOCUMENT WITH RESPE LED HEREIN IS SUBJECT T | CT TC | WHICH THIS | |
| INSR LTR | R TYPE OF INSURANCE | | | ADDL | SUBF | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | | , | , | EACH OCCURRENCE | \$ | 1,000,000 | | |
| | | CLAIMS-MADE | X OCCUR | | | NPP1605552 | | 8/27/2022 | 8/27/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 | |
| | | | | | | | | | | MED EXP (Any one person) | \$ | 5,000 | |
| | | | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | |
| | GEI | N'L AGGRE <u>GAT</u> E LIMIT | APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | | POLICY PRO- JECT | LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | Included | |
| | | OTHER: | | | | | | | | | \$ | | |
| | AU' | TOMOBILE LIABILITY | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | | ANY AUTO | | | | | | | | BODILY INJURY (Per person) | \$ | | |
| | | OWNED AUTOS ONLY | SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | | HIRED AUTOS ONLY | NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | 1 | | | | | | | | \$ | | |
| | | UMBRELLA LIAB | OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | | EXCESS LIAB | CLAIMS-MADE | 1 | | | | | | AGGREGATE | \$ | | |
| | W0! | DED RETENT | | | | | | | | PER OTH- | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | | PER OTH- STATUTE ER | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | N/A | | | | | | E.L. EACH ACCIDENT | \$ | | |
| | (Mandatory in NH) If yes, describe under | | | | | | | | | E.L. DISEASE - EA EMPLOYEE | | | |
| A Commercial Property | | | | | NPP1605552 | | 8/27/2022 | 8/27/2023 | E.L. DISEASE - POLICY LIMIT | \$ | | | |
| В | | mmercial Directo | - | | | 0250531645 | | 2/20/2023 | 2/20/2024 | | | | |
| | 00. | minercial Directo | 13 | | | 0230331043 | | 2/20/2023 | 2/20/2024 | | | | |
| DES | CRIPT | TION OF OPERATIONS | / LOCATIONS / VEHIC | LES (| ACORI | U 101, Additional Remarks Schedu | ule, may b | e attached if mou | e space is requii | red) | | | |
| CF | RTI | FICATE HOLDER | ······································ | | | | CANCELLATION | | | | | | |
| 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 | | | | | |
| 1 | | | | | | | Colina & Mc Doubl & | | | | | | |