CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/13/2025

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).

PRODUCER Solidarity Insurance 4570 Westgrove Dr. Suite 273 Addison TX 75001	**CONTACT NAME:** Lizette Gonzalez **PHONE (A/C, No, Ext):** (214) 206-8999 **FAX (A/C, No):** (817) 439-2487 **E-MAIL ADDRESS:** Contactus@SolidarityInsurance.com
INSURED Bel Air Village Residential HOA 1512 Crescent Dr Carrollton TX 75006	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** WESCO INS CO 25011 **INSURER B :** PHILADELPHIA IND INS CO 18058 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			TPP1747827 00	12/29/2024	12/29/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
B	Directors and Officers			PCAP041204-0223	11/08/2024	11/08/2025	Limit of Liability Deductible	$1,000,000 $1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Policy requires 10 day written notice for cancellation.

SHERMAN, TX 75090-8915

CERTIFICATE HOLDER

CANCELLATION

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

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY		NAMED INSURED
Solidarity Insurance		Bel Air Village Residential HOA
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

98 TH units listed.
BLDG1: 1147-1151-1155-1159 MORGAN DR
BLDG2: 3722-3726-3730-3734 MALIBU DR
BLDG3: 3702-3706-3710-3714-3718 MALIBU DR
BLDG4: 3721-3725-3729-3733-3737 MALIBU DR
BLDG5: 3701-3705-3709-3713-3717 MALIBU DR
BLDG6: 3700-3704-3708-3712 QUEEN RD
BLDG7: 3700-3704-3708-3712-3716-3720 PARADISE WAY
BLDG8: 3701-3705-3709-3713-3717 BEL AIR BLVD
BLDG9: 3724-3728-3732-3736-3740 PARADISE WAY
BLDG10: 1217-1221-1225-1229 MORGAN DR
BLDG11:1110-1114-1118-1122 MORGAN DR
BLDG12: 1126-1130-1134-1138-1142 MORGAN DR
BLDG13: 3723-3727-3731-3735 QUEEN RD
BLDG14: 1201-1205-1209-1213 MORGAN DR|
BLDG15: 3721-3725-3729-3733-3737 Bel Air Blvd
BLDG 16:3741-3745-3749-3753-3757 BEL AIR BLVD
BLDG 17: 3703-3707-3711-3715-3719 QUEEN RD
BLDG18:3716-3720-3724-3728-3732 QUEEN RD
BLDG19: 1146-1150-1154-1158-1162 MORGAN DR
BLDG20:3736-3740-3744-3748-3752 QUEEN RD
BUILDING 21:1131-1135-1139-1143 MORGAN DR