

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02-01-2017

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	CONTAC T NAME:	
	PHONE FAX (A/C, No, Ext): 214-752-9500 (A/C,	
HARRIS F UNDERWOOD III, INC	E-MAIL	
3114MAIN ST	ADDRESS	
DALLAS, TX 75371	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: PHILADELPHIA INDEMINTY	18058
INSURED	INSURER B: Markel American Ins Co	28932
Avalon Master Community Inc	INSURER C:	
C/O FIRST SERVICE RESIDENTIAL AUSTIN	INSURER D: AIX SPECIALTY INS CO	12833
PO BOX 342585	INSURER E: NOVA CASUALTY COMPANY	42552
AUSTIN, TX 78734	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.

INS R			ADDL INSD	POLICYNUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	Х	COMMERCIAL GENERAL LIABILITY	11430	PHPK1606186	02/01/2017	02/01/2018	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:						\$
1	AUT	OMOBILE LIABILITY		PHPK1606186	02/01/2017	02/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
	(2)	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	Х	AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
		ADDITIONAL PROPERTY STATEMENT STATEMENT STATEMENT ADDITIONAL ADDIT					, sa	\$
3		UMBRELLA OCCUR		MKLM4EUL100098	2/1/2017	2/1/2018	EACH OCCURRENCE	\$5000000
	х	LIAB EXCESS CLAIMS-MADE					AGGREGATE	2
		DED RETENTION\$						
		KERS COMPENSATION EMPLOYERS'LIABILITY					X PER OTH- STATUTE ER	
	ANYE	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A				E.L. EACH ACCIDENT	\$
	OFFI	CER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE	\$
	DES	CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
1		PERTY – mmon Elements of the		PHPK1606186	02/01/2017	02/01/2018	Blanket	\$1405641
	Asso	ociation)					Deductible	\$1,000

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

- (D) D&O LIABILITY AIX SPECIALTY POLICY NO: WBZCL00212161 EFF 2/1/17 TO 2/1/18 LIABILITY \$1,000,000
- (E) CRIME (FIDELITY) NOVA CASUALTY POLICY NO: WIBCL00123671 EFF 2/1/17 TO 2/1/18 LIMIT \$100,000

CERTIFICATE HOLDER CANCELLATION

FIRST SERVICE RESIDENTIAL AUSTIN
PO BOX 342585
AUSTIN, TX 78734

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 REPRESENTA TIVE

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