

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/27/2020

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).

		oute does not come rights to					CONTA	~=		7			
PRODUCER Evans, Ewan & Brady Ins							NAME:	NAME: Oladdia Dominigdoz PHONE (512)860-1511 FAX (512)863-5504					
2404 Williams Drive											JS-55U4		
Georgetown			TX 78628-				ADDRE	E-MAIL ADDRESS: claudia@eebins.com					
							INSURER(S) AFFORDING COVERAGE					NAIC#	
								INSURER A : Central Insurance				20230	
Sonterra I Residential Condon				minium Community. Inc.				INSURER B:					
c/o Louie Management LLC			y,e.				INSURER C :						
P O Box 81							INSURER D :						
Jarrell			TX 76537-				INSURER E :						
							INSURER F :						
COVERAGES CER				RTIFICATE NUMBER:				REVISION NUMBER:					
IN CI	DICATED. ERTIFICA	. NOTWITHSTANDING ANY REQ TE MAY BE ISSUED OR MAY F	UIREMENT, TERM OR CONDITION OF PERTAIN, THE INSURANCE AFFORD			BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,							
EXCLUSIONS AND CONDITIONS OF SUCH		POLICIES. LIMITS SHOWN MAY HA			SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP							
INSR LTR	V	TYPE OF INSURANCE	INSD	WVD		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
Α	Х сом	MERCIAL GENERAL LIABILITY			CLP 97	795479		07/29/2020	07/29/2021	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
										MED EXP (Any one person)	\$	5,000	
										PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AG	GREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$	2,000,000	
	X POLI	CY PRO- JECT LOC								PRODUCTS - COMP/OP AGG	\$	2,000,000	
	ОТНЕ										\$		
		BILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY	AUTO								BODILY INJURY (Per person)	\$		
	OWN									BODILY INJURY (Per accident)	\$		
	HIRE									PROPERTY DAMAGE	\$		
	AUIC	OS ONLY AUTOS ONLY								(Per accident)	\$		
	IIMB	RELLA LIAB OCCUP								EAGU GOOUDDENOE	\$		
		OCCUR								EACH OCCURRENCE			
		CLAIIVIS-IVIADE								AGGREGATE	\$		
	WORKERS	RETENTION \$ COMPENSATION								PER OTH-	\$		
AND EMPLOYERS' LIABILITY Y / N									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	\$			
Α	DÉSCRIPT	ION OF OPERATIONS below			01.0.0	705.470		07/00/0000	07/00/0004	E.L. DISEASE - POLICY LIMIT	\$	25.222	
^	Employ	ee Theft			CLP 97	795479		07/29/2020	07/29/2021			25,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
CERTIFICATE HOLDER							CANO	ELLATION				AI 077865	
For Information Purposes Only							THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
							AUTHO	AUTHORIZED REPRESENTATIVE T-1C-Eurouph-					