

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/19/2019

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).

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PRODUCER					CONTACT NAME: Eric Corcoran							
Solidarity Insurance					PHONE (A/C, No. Ext): (214) 206-8999 FAX (A/C, No): (817) 439-2487							
701 COMMERCE ST					E-MAIL ADDRESS: Contactus@SolidarityServices.com							
					INSURER(S) AFFORDING COVERAGE					NAIC #		
DALLAS TX 75202-4522					INSURER A: EVANSTON INS CO				35378			
INSURED					INSURER B:							
Windmill Farms Master Association					INSURER C:							
					INSURER D:							
					INSURER E:							
					INSURER F:							
				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 INSR ADDL SUBR						BEEN REDUCED BY PAID CLAIMS. POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS						
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY	DMMERCIAL GENERAL LIABILITY						DAMAGE TO DENTED		00,000		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$	100			
				044000044		09/01/2019	09/01/2020	` ' ' '	5,00			
Α				2AA300914						00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: PRO- IFOT LOC	PRO- PRO-							00,000			
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$		10,000		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT &				
	ANY AUTO							(Ea accident) BODILY INJURY (Per person) \$				
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS NON-OWNED NON-OWNED							PROPERTY DAMAGE (Per accident) \$				
	AUTOS ONLY AUTOS ONLY							(Fer accident)	3			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	3			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$				
	DED RETENTION \$							\$	3			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT \$	3			
								E.L. DISEASE - EA EMPLOYEE \$	3			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	3			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC						re space is requir	red)				
Coverage is for common area property only and not for individual homes within the community												
CERTIFICATE HOLDER CANO							CANCELLATION					
CERTIFICATE HOLDER						V. (10 - 11 - 11 - 11 - 11 - 11 - 11 - 11						
informational purposes only					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							