



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/28/2020

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).

PRODUCER	Mike Flowers Independent Agency, Inc. 1427 FM 2673 Canyon Lake, Texas 78133	CONTACT NAME:	Mike Flowers	FAX (A/C No.): 830-302-4140
		PHONE (A/C No. Ext.):	830-214-1296	
INSURED	Deer Meadows Property Owners Association 300 Deer Meadows Drive Canyon Lake, Texas 78133	E-MAIL ADDRESS:	mkf@mfia.com	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	Germania	
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:	Germania	
INSURER F:				

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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.

TYPE OF INSURANCE	INSP	WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS	
						PER STATUTE	OTR-ER
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 500,000
CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 100,000
A			1-500-5046694	07/25/2020	07/25/2021	MED EXP (Any one person)	\$ 5000
GEN. AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV. INJURY	\$ 500,000
POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 500,000
OTHER:						PRODUCTS - COMP/QP AGG	\$ 500,000
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ex accident)	\$
ANY AUTO						BODILY INJURY (Per person)	\$
OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
Hired Autos Only	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE	\$
UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR					\$
EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				EACH OCCURRENCE	\$
DED	<input type="checkbox"/>	RETENTION \$				AGGREGATE	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTR-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/>						E.I. EACH ACCIDENT	\$
NON-INSURED EXCLUDED <input type="checkbox"/>						E.I. DISEASE - EA EMPLOYEE	\$
If yes, describe under:						E.I. DISEASE - POLICY LIMIT	\$
DESCRIPTION OF OPERATIONS below						BUILDING	\$ 37,000
E	COMMERCIAL PROPERTY INS.		7-600-6251853	07/25/2020	07/25/2021	CONTRNTS	\$ 12,750
						FENCING	\$ 3,500

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