



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 2672 Canyon Lake, Texas 78133		CONTACT NAME: Mike Flowers PHONE (A/C, No, Ext): 830-214-1296 FAX (A/C, No): 830-302-4140 E-MAIL ADDRESS: mike@mfla.com		
INSURED: Deer Meadows Property Owners Association 300 Deer Meadows Drive Canyon Lake, Texas 78133		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Germania		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E: Germania		
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.

TYPE OF INSURANCE	INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																																																
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E COMMERCIAL PROPERTY INS.		1-500-5046694	07/25/2020	07/25/2021	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td><td>500,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td>5000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$</td><td>500,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td>500,000</td></tr><tr><td>PRODUCTS - COM/OP AGG</td><td>\$</td><td>500,000</td></tr><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr><tr><td>EACH OCCURRENCE</td><td>\$</td><td></td></tr><tr><td>AGGREGATE</td><td>\$</td><td></td></tr><tr><td>PER STATUTE</td><td>\$</td><td></td></tr><tr><td>OTHER</td><td>\$</td><td></td></tr><tr><td>E.I. DISEASE - EA EMPLOYEE</td><td>\$</td><td></td></tr><tr><td>E.I. DISEASE - POLICY LIMIT</td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$	500,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	MED EXP (Any one person)	\$	5000	PERSONAL & ADV INJURY	\$	500,000	GENERAL AGGREGATE	\$	500,000	PRODUCTS - COM/OP AGG	\$	500,000	COMBINED SINGLE LIMIT (Ea accident)	\$		BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$		EACH OCCURRENCE	\$		AGGREGATE	\$		PER STATUTE	\$		OTHER	\$		E.I. DISEASE - EA EMPLOYEE	\$		E.I. DISEASE - POLICY LIMIT	\$	
EACH OCCURRENCE	\$	500,000																																																			
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000																																																			
MED EXP (Any one person)	\$	5000																																																			
PERSONAL & ADV INJURY	\$	500,000																																																			
GENERAL AGGREGATE	\$	500,000																																																			
PRODUCTS - COM/OP AGG	\$	500,000																																																			
COMBINED SINGLE LIMIT (Ea accident)	\$																																																				
BODILY INJURY (Per person)	\$																																																				
BODILY INJURY (Per accident)	\$																																																				
PROPERTY DAMAGE (Per accident)	\$																																																				
EACH OCCURRENCE	\$																																																				
AGGREGATE	\$																																																				
PER STATUTE	\$																																																				
OTHER	\$																																																				
E.I. DISEASE - EA EMPLOYEE	\$																																																				
E.I. DISEASE - POLICY LIMIT	\$																																																				
		7-600-6251853	07/25/2020	07/25/2021	<table border="1"><tr><td>BUILDING</td><td></td><td>37,000</td></tr><tr><td>CONTENTS</td><td></td><td>12,750</td></tr><tr><td>FENCING</td><td></td><td>3,500</td></tr></table>	BUILDING		37,000	CONTENTS		12,750	FENCING		3,500																																							
BUILDING		37,000																																																			
CONTENTS		12,750																																																			
FENCING		3,500																																																			

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

CERTIFICATE HOLDER**CANCELLATION**