

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

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: Raegon Mathews				
Wade Hunt Insurance		PHONE (A/C, No, Ext): (940) 591-8581 FAX (A/C, No):				
A Division of Wade Hunt Insurance Group		E-MAIL ADDRESS: raegon@associationtx.com				
303 N Carroll Blvd, Suite 220		INSURER(S) AFFORDING COVERAGE	NAIC#			
Denton	TX 76201	INSURER A: WESCO INS CO	25011			
INSURED		INSURER B: AmTrust Insurance Company	15954			
Monarch at the Meadows Homeowners Associate	ion, Inc	INSURER C: PHILADELPHIA IND INS CO	18058			
c/o Essex Management		INSURER D:				
1512 Crescent Dr, Ste 112		INSURER E:				
CARROLLTON	TX 75006-7500	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.

INSR LTR	TYPE OF INSURANCE	ADDL		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
A	X COMMERCIAL GENERAL LIABILITY				(EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
				WPP2088575 00	09/20/2025	09/20/2026	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY			WPP2088575 00	09/20/2025	09/20/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
1	EXCESS LIAB CLAIMS-MADE]					AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				09/20/2025	09/20/2026	X PER STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		KWC1412874			E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)			KWC14126/4	09/20/2023	03/20/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
С							Limit	1,000,000
	Directors & Officers Liability			PCAP050357-0125	09/20/2025	09/20/2026	Retention	1,000

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

Covers Common Areas Only. Essex Association Management is Additional Insured on the General Liability and Directors & Officers as required by written contract.

CERTIFICATE HOLDER	CANCELLATION			
Essex Association Management, LP	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
1512 Crescent Dr	AUTHORIZED REPRESENTATIVE			
Ste 112	Wade Hunt			
Carrollton TX 75006				