



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
2/12/2020

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.

PRODUCER CCIM, Inc dba Capitol City Insurance 8030 North Mopac Expressway Austin TX 78766	CONTACT NAME: Christina McCafferty
	PHONE (A/C. No. Ext): 512-343-0280 FAX (A/C. No.): 512-343-0347
	E-MAIL ADDRESS: christinam@ccinsurance.com
	PRODUCER CUSTOMER ID: WESTASS-01
INSURER(S) AFFORDING COVERAGE	
INSURED Westchase Association 11149 Research Blvd, Ste 100 Austin TX 78759	INSURER A : Landmark American Insurance Co. NAIC # 33138
	INSURER B : Philadelphia Indemnity Ins Co 18058
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :


COVERAGES CERTIFICATE NUMBER: 1861808273 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
LOC: 12921 Abrams Rd, Dallas TX 75243
Total 68 Units
Goodwin is Additional Insured on the Crime

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS		
A	<input checked="" type="checkbox"/> PROPERTY	LHD911611	2/1/2020	2/1/2021	<input checked="" type="checkbox"/> BUILDING	\$ 5,770,015		
	CAUSES OF LOSS					DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC					BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD					50,000	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL					CONTENTS	<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE						<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND					5%	<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD						<input type="checkbox"/> BLANKET BLDG & PP	\$
<input checked="" type="checkbox"/> Hail	5%		\$					
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$		
	CAUSES OF LOSS					\$		
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$		
B	<input checked="" type="checkbox"/> CRIME	PCAC008958-0120	2/1/2020	2/1/2021	<input checked="" type="checkbox"/> Employee Theft	\$ 150,000		
	TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 1,000		
						\$		
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	LHD911611	2/1/2020	2/1/2021	<input checked="" type="checkbox"/> Included	\$		
						\$		
A	Replacement Cost Ordinance or Law	LHD911611	2/1/2020	2/1/2021	<input checked="" type="checkbox"/> Included	\$		
					<input checked="" type="checkbox"/> Included	\$		

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Goodwin Harrison Management 11149 Research Blvd, Ste 100 Austin TX 78759	CANCELLATION 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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/12/2020

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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 CCIIM, Inc dba Capitol City Insurance 8030 North Mopac Expressway Austin TX 78766	CONTACT NAME: Christina McCafferty PHONE (A/C, No, Ext): 512-343-0280 E-MAIL ADDRESS: christinam@ccinsurance.com		FAX (A/C, No): 512-343-0347
	INSURER(S) AFFORDING COVERAGE		
INSURED Westchase Association 11149 Research Blvd, Ste 100 Austin TX 78759	WESTASS-01		INSURER A : Firemans Fund Insurance Company INSURER B : Philadelphia Indemnity Ins Co INSURER C : AmTrust North America, Inc. INSURER D : INSURER E : INSURER F :
			NAIC #
			21873
			18058
			15954

COVERAGES

CERTIFICATE NUMBER: 2019878559

REVISION NUMBER:

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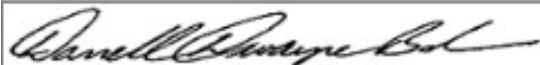
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WPP1805871	2/1/2020	2/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			SUO00032415325-37734-2	2/1/2020	2/1/2021	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Directors & Officers			PCAP020324-0219	2/1/2020	2/1/2021	Limit Retention	\$1,000,000 \$1,000

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

LOC: 12921 Abrams Rd, Dallas TX 75243
 Total 68 Units
 Severability of Interest Included

CERTIFICATE HOLDER

CANCELLATION 30 Days Except 10 Days for Non-Pay

Goodwin Harrison Management 11149 Research Blvd, Ste 100 Austin TX 78759	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 

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