

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/27/2005

PRODUCER (972)864-0400 FAX (972)278-8400  
 Davis-Dyer-Max, Inc.  
 a Member of the Insurors Group  
 P.O. Box 495429  
 Garland, TX 75049

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED **Champion Lakes HOA**  
 8413 Victory St  
 Rowlett, TX 75089

| INSURERS AFFORDING COVERAGE                      | NAIC # |
|--|--------|
| INSURER A: <b>Philadelphia Insurance Company</b> |        |
| INSURER B: <b>St. Paul Travelers</b>             |        |
| INSURER C:                                       |        |
| INSURER D:                                       |        |
| INSURER E:                                       |        |

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADD'L INSRD   | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |
|----------|---|--|---------------|----------------------------------|-----------------------------------|---|
| A        |   | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | PHPK125549    | 06/20/2005                       | 06/20/2006                        | EACH OCCURRENCE \$ <b>1,000,000</b>                       |
|          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> |  |               |                                  |                                   |   |
|          | MED EXP (Any one person) \$ <b>5,000</b>                    |  |               |                                  |                                   |   |
|          | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                   |  |               |                                  |                                   |   |
|          | GENERAL AGGREGATE \$ <b>2,000,000</b>                       |  |               |                                  |                                   |   |
|          | PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>                  |  |               |                                  |                                   |   |
|          |   |  |               |                                  |                                   |   |
|          |   | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |               |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident) \$                    |
|          |   | GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO  |               |                                  |                                   | BODILY INJURY (Per person) \$                             |
|          |   | EXCESS/UMBRELLA LIABILITY<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>DEDUCTIBLE<br>RETENTION \$   |               |                                  |                                   | BODILY INJURY (Per accident) \$                           |
|          |   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below  |               |                                  |                                   | PROPERTY DAMAGE (Per accident) \$                         |
| B        |   | OTHER<br><b>Directors &amp; Officers Liability</b>   | D & O TBD     | 06/21/2005                       | 06/21/2008                        | AUTO ONLY - EA ACCIDENT \$                                |
|          |   |  |               |                                  |                                   | OTHER THAN AUTO ONLY: EA ACC \$                           |
|          |   |  |               |                                  |                                   | AGG \$  |
|          |   |  |               |                                  |                                   | EACH OCCURRENCE \$  |
|          |   |  |               |                                  |                                   | AGGREGATE \$  |
|          |   |  |               |                                  |                                   | \$  |
|          |   |  |               |                                  |                                   | \$  |
|          |   |  |               |                                  |                                   | \$  |
|          |   |  |               |                                  |                                   | \$  |
|          |   |  |               |                                  |                                   | WC STATU-TORY LIMITS OTH-ER                               |
|          |   |  |               |                                  |                                   | E.L. EACH ACCIDENT \$                                     |
|          |   |  |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE \$                             |
|          |   |  |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT \$                            |
|          |   |  |               |                                  |                                   | <b>\$1,000,000 Liability</b><br><b>\$1,000 Deductible</b> |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Insureds copy

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
 Perry Max/TAG 