

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2019

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).

	is certificate aces flot confer rights to			•								
PROI	DUCER	CONTA NAME:	Elic Core	coran								
Solidarity Insurance						PHONE (A/C, No, Ext): (214) 206-8999 FAX (A/C, No): (817) 439-2487						
701 COMMERCE ST						E-MAIL ADDRESS: Contactus@SolidarityServices.com						
					INSURER(S) AFFORDING COVERAGE						NAIC #	
DALLAS TX 75202-4522					INSURE	INSURER A: SCOTTSDALE INSURANCE COMPANY				41297		
INSURED					INSURER B:							
Sutton Fields HOA Inc						INSURER C:						
1512 Crescent Dr					INSURER D:							
						INSURER E:						
Carrollton			TX 75006	INSURER F:								
			RTIFICATE 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. HIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR TYPE OF INSURANCE		ADDL INSD	ADDL SUBR NSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		s		
	COMMERCIAL GENERAL LIABILITY										00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ		\$ 100	0,000	
							07/27/2020	MED EXP (Any one	person)	\$ 500	00	
Α				RBS0031028		07/27/2019		PERSONAL & ADV INJURY		\$ 1,0	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		\$ 2,0	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$ 2,0	00,000	
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (P		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		\$		
	DED RETENTION\$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT		\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORD	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	red)				
11***	***informational purposes only***											
_												
CERTIFICATE HOLDER						CANCELLATION						
informational purposes only						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						