

ACORD™ CERTIFICATE OF PROPERTY INSURANCE

DATE
6/15/2010

PRODUCER PH (866)384-8579 FAX (214)751-2390
Associations Insurance Agency, Inc.
 5401 N Central Expressway
 Suite 200
 Dallas TX 75205

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.

COMPANIES AFFORDING COVERAGE

COMPANY
A Chubb Custom Insurance Company

COMPANY
B Columbia Casualty Company

COMPANY
C

COMPANY
D

INSURED
Park At Quail Creek Owners Association
 c/o Alliance Association Management, Inc.
 115 Wild Basin Rd., Suite 308
 Austin TX 78746

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	7958-00-81	6/15/2010	5/1/2011	<input checked="" type="checkbox"/> BUILDING	\$ 18,750,000
	CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ Included
	<input type="checkbox"/> BASIC				<input checked="" type="checkbox"/> BUSINESS INCOME	\$ Included
	<input type="checkbox"/> BROAD				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ Included
	<input checked="" type="checkbox"/> SPECIAL				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
					<input checked="" type="checkbox"/> Standard Ded.	\$ 5,000
					<input checked="" type="checkbox"/> Wind/Hail Ded	\$ 10,000
					<input type="checkbox"/> INLAND MARINE	
	TYPE OF POLICY				\$	
	CAUSES OF LOSS				\$	
	<input type="checkbox"/> NAMED PERILS				\$	
	<input type="checkbox"/> OTHER				\$	
B	<input checked="" type="checkbox"/> CRIME	738540-10	4/15/2010	5/1/2011	<input checked="" type="checkbox"/> Employee Theft	\$ 100,000
	TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 1,000
	<input type="checkbox"/> BOILER & MACHINERY					\$
	<input type="checkbox"/> OTHER					\$

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY
 Loc# 00001: Per Schedule on File

SPECIAL CONDITIONS/OTHER COVERAGES

CERTIFICATE HOLDER

Insurance Verification

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Dana Hodge/EMM



COMMENTS/REMARKS

Coverages: Real & Personal Property; Business Interruption; Loss of Rents; Extra Expense; Expediting Expense; Service Interruption TE; Newly Acquired Locations(90 days reporting); Course of Construction/Installation; Contractors Equipment; Trees, Shrubs, & Landscaping; Inland Transit; Pollutant Clean-Up; Debris Removal; Demolition & Increased Cost of Construction; Valuable Papers; Accounts Receivable; Fine Arts; EDP (Including Media); and Equipment Breakdown.

Valuation: 100% Replacement Cost for Real & Personal Property of the Named Insured if replaced, otherwise Actual Cash Value. In no event shall the limit exceed the reported Total Insured Value. The policy should be consulted for various sublimits and full details of complete limits for All Other Perils, Windstorm, Flood, and Earthquake. Actual Loss Sustained for Time Element. Agreed Amount Applies.

Other Property Deductibles:

Other Flood: \$50,000 per occurrence combined property damage and time element (coverage excluded in Special Flood Hazard Areas as defined by FEMA)

The certificate holder, if a mortgage or lienholder, is a loss payee as their interest may appear as respects Property Coverage.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/15/2010

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 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 Associations Insurance Agency, Inc. 5401 N Central Expressway Suite 200 Dallas TX 75205		CONTACT NAME: AIAI PHONE (A/C. No. Ext): (866) 384-8579 FAX (A/C. No.): (214) 751-2390 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 00000975	
INSURED Park At Quail Creek Owners Association c/o Alliance Association Management, Inc. 115 Wild Basin Rd., Suite 308 Austin TX 78746		INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company 41297 INSURER B: Columbia Casualty Company 31127 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 10-11** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			RBS0002721	6/15/2010	5/1/2011	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY			RBS0002721	6/15/2010	5/1/2011	COMBINED SINGLE LIMIT (Ea accident)	\$ Included
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			UMS0025248	6/15/2010	5/1/2011	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 15,000,000
	<input checked="" type="checkbox"/> DEDUCTIBLE RETENTION \$ 10,000							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			738540-10	4/15/2010	5/1/2011	WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
	Directors & Officers						E.L. DISEASE - POLICY LIMIT	\$
							Limit	\$1,000,000
							Deductible	\$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The Umbrella Policy Occurrence/Aggregate Limits are shared with all Named Insureds in the Associations, Inc. Master Program.

CERTIFICATE HOLDER Insurance Verification	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 Dana Hodge/EMM