

## CERTIFICATE OF LIABILITY INSURANCE

2/7/2024

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).

-	the continuence open not contain rights to	tire c	****	items itolder in the or at	CONTA	Norma No	10000				
Higginbothem Insurance Agency, Inc. 11700 Katy Freeway, Suite 1100								PAY	45.20.00	(1400)CU	
						PHONE (AC, No. Ext): 713-952-9990 (AC, No. Ext): 713-952-9939					
Houston TX 77079					ADDRESS: nnoonan@higginbotham.net						
						INSURER(S) AFFORDING COVERAGE				NAIC #	
						MAURER A: Travelers Casualty and Surety Company				19038	
NSURED ESTATIS						INSURER 8 ACE American Insurance Company				22667	
Estates of Fannett Homeowners Association, Inc. c/o Flats to Let Property Management 2165 North Street					Nebumen C:						
					INBURER G				-		
Beaumont TX 77701						INSURER E					
						INSURENCE:					
-		-	-	NUMBER: 1025477955				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY F KCLUBIONS AND CONDITIONS OF SUCH F	OUIRE	MEN JN, 1	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	THE POLICIE	OR OTHER I	DOCUMENT WITH RESPE	CT TO V	WHICH THIS	
in	The second secon	ADDL:5	UBA:			FOLICY EFF	POLICY EXP	LIMI	18		
6.79	X COMMERCIAL GENERAL LIABILITY	MSD WYD		POLICY NUMBER SVRD35374437	1,500,000	3/5/2024	3/5/2025			1,000,000	
	1000			U11000017101	5.00	di di di di	WOLLDED.	EACH OCCURRENCE DAMAGE TO RENTED	1		
	CLAMS-MADE X DCCUR							PREMISES (Ex occurrence)	\$ 100.0	00	
								MED EXF (Avy use persun)	4		
								PERSONAL A ADV INJURY	\$ 1,000	\$ 1,000,000	
	GENT: AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2.000	\$ 2.000.000	
	POUCY PRO-							PRODUCTS - COMPUTP AGG	\$ 2,000	\$ 2,000,000	
	AUTOMOBILE LIABILITY	= †				1		COMBINED SINGLE LIMIT	5		
	ANY AUTO							BDDILY WJURY (Per person)	8		
	OWNED SCHEDULED							BODILY INJURY (Per ecrisient	-		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	1	_	
	AUTOS ONLY AUTOS ONLY		- 1					(Per scoldent)	-	-	
		-				-			1		
	DM8RETTY TYPE OCCUR							EACH OCCURRENCE	5		
	EXCESSIAS CLAIMS-MADE							AGGREGATE	3		
	DED RETENTION S								6		
	WORKERS COMPENSATION	N/A					PER OTH-				
	AND EMPLOYERS LIABILITY Y/N ANYPROPRIETOR/PARTHER/EXECUTIVE							EL EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED1 (Manufatory In RH)							E+ DISEASE - EA EMPLOYE			
	If yee, describe under							EL DISEASE - POLICY LIMIT	2.5	\$	
	DÉSCRIPTION OF OPERATIONS INVANC Property	_		SVR035374437	_	3/5/2024	3/5/2025	Blanket Arcount	575.6	335	
Ŷ.	Drectors & Officers			106254104		3/5/2024	3/5/2025	\$1,000,000 Limit	\$1,00	XI Deductible	
₹a Mi	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL placement Cost is subject to exact policy nd & Hall Excluded/\$500 Deductible for a Common Areas Only***	termi	B BH	d condition.	ula, may	te etached if mu	i va apaco la requi	i red)			
CERTIFICATE HOLDER						CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.					
											This certificate is intended to evidence certain coverages for PUD certification only.