

DATE (MM/DD/YYYY) 03/27/2024

C B	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.										
lf	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).										
	DUCER	the c	ertine	cate holder in lieu of such	CONTA		solior				
-	mphony Risk Solutions, LLC	NAME: PHONE (A/C, No		57-9240	FAX						
, i	25 N Central Expy				E-MAIL	lfue olior@	symphonyrisk.	(A/C, No):			
					ADDRE	33.					
	hardson			TX 75080		Weese I				NAIC #	
						INSURER A: Wesco Insurance Company					
1880 at Plum Creek Condominium Community Inc.											
	c/o Goodwin & Company				INSURER C : Philadelphia indemnity ins Co						
	P. O. Box 4579 Dept 846				INSURE						
	Houston			TX 77210	INSURE						
CO	VERAGES CERT	IFIC		NUMBER: CL243115018				REVISION NUMBER:			
COVERAGES         CERTIFICATE NUMBER:         CL2431150185         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	I YPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
								EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,00 \$ 100,		
					03/27/2024			PREMISES (Ea occurrence)	\$ 5,00		
A				WPP2010545 01		03/27/2024	03/27/2025	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00		
								PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
	OTHER:						COMBINED SINGLE LIMIT & 1 000 000				
						03/27/2024	03/27/2025	(Ea accident)	\$ 1,000,000		
	ANY AUTO				c			BODILY INJURY (Per person)	\$		
A	AUTOS ONLY AUTOS			WPP2010545 01				BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
								(Per accident)	\$		
									\$ 	0.000	
A	UMBRELLA LIAB			WUM2009983 01	03/27/20	03/27/2024	03/27/2025	EACH OCCURRENCE	\$ 1,00 \$ 1,00		
				W01W2003303 01		03/21/2024	03/21/2023	AGGREGATE		0,000	
<u> </u>	DED RETENTION \$ 10,000							X PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE							· · · ·	<sub>\$</sub> 1,00	0.000	
В	OFFICER/MEMBER EXCLUDED?	N/A		TWC4394493		03/27/2024	03/27/2025	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$ 1,00		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00		
								Limit	\$1,000,000		
с	Director's and Officer's Liability Claims-Made Policy			PCAP038555-0223		03/27/2024	03/27/2025	Retention	\$1,0	00	
								Prior Litigation Date	03/2	7/23	
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: All Operations of the Named Insured										
CEI	RTIFICATE HOLDER				CANC	ELLATION					
Goodwin & Company P O Box 4579, Dept 846						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
								M -			
Houston TX 77210					Michael C. Marcon						

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DATE (MM/DD/YYYY) 03/27/2024

C B	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.										
lf	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).										
_	nis certificate does not confer rights to t	the c	ertifi	cate holder in lieu of such	CONTA		oplior				
-	mphony Risk Solutions, LLC				NAME: PHONE	(115) 34		FAX			
	25 N Central Expy				(A/C, No E-MAIL	<u>, Ext):</u>	symphonyrisk.	(A/C, No):			
	ite 900				ADDRE	33.					
	chardson			TX 75080	INSURER(S) AFFORDING COVERAGE NA						
	URED				INSURE	····	gy Insurance (				
	1880 at Plum Creek Condominiu	m Co	mmur	nity Inc.	INSURE	<u></u>	hia Indemnity				
	c/o Goodwin & Company			,	INSURE		,				
	P. O. Box 4579 Dept 846				INSURE						
	Houston			TX 77210	INSURE						
CO	VERAGES CERT	<b>IFIC</b>	ATE I	NUMBER: CL243115018				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 INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
								EACH OCCURRENCE \$ 1,00 DAMAGE TO RENTED 100			
	CLAIMS-MADE CLAIMS-MADE							PREMISES (Ea occurrence) \$ 100			
						00/07/0004	00/07/0005		5,000 1,000,000		
A				WPP2010545 01	03/27/2024	03/27/2024	03/27/2025				
									0,000		
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,00	0,000			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT \$ 1,00	0,000		
	ANY AUTO						03/27/2025	BODILY INJURY (Per person) \$			
А	OWNED SCHEDULED AUTOS			WPP2010545 01		03/27/2024		BODILY INJURY (Per accident) \$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE \$			
								\$			
					0	03/27/2024	03/27/2025	LACITOCCORRENCE	0,000		
A	EXCESS LIAB CLAIMS-MADE			WUM2009983 01				AGGREGATE \$ 1,00	000,000		
	DED RETENTION \$ 10,000							\$ PER OTH			
	AND EMPLOYERS' LIABILITY Y/N							STATUTE ER	0.000		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TWC4394493		03/27/2024	03/27/2025	E.L. EACH ACCIDENT \$ 1,00			
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$ 1,00			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,00	00,000		
с	Director's and Officer's Liability			PCAP038555-0223		03/27/2024	03/27/2025	Retention \$1,0			
Ŭ	Claims-Made Policy			1 0/11 000000 0220		00/21/2024	00/21/2020	·····	7/23		
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule	mav be a	ttached if more sr	bace is required)				
	: All Operations of the Named Insured			, , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , ,				
CE	RTIFICATE HOLDER				CANC	ELLATION					
Insured's Copy - Coverage Confirmation						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHO	RIZED REPRESEN	ITATIVE				
					Michael C. Marcon						



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	DUCER	the cert		CONTACT Lauron Eusoliar						
-	nphony Risk Solutions, LLC			PHONE (415) 3	57-9240	FAX				
	5 N Central Expy			E-MAIL Ifuselier@	symphonyrisk	(A/C, No):				
	e 900			ADDRE33.		RDING COVERAGE NAIC #				
Rich	nardson		TX 75080		nsurance Com					
INSU	RED			INGOILEN A.	ogy Insurance					
	1880 at Plum Creek Condominiu	ım Comr	nunity Inc.	INCORER D.	phia Indemnity					
	c/o Goodwin & Company			INSURER D :	. ,					
	P. O. Box 4579 Dept 846			INSURER E :						
	Houston		TX 77210	INSURER F :						
CO	/ERAGES CER	TIFICAT	E NUMBER: CL243115018			REVISION NUMBER:				
TH IN CE E)	IIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA (CLUSIONS AND CONDITIONS OF SUCH PO	NSURAN REMENT, NN, THE I LICIES. L	CE LISTED BELOW HAVE BEEN TERM OR CONDITION OF ANY NSURANCE AFFORDED BY THE IMITS SHOWN MAY HAVE BEEN	CONTRACT OR OTHEI POLICIES DESCRIBE REDUCED BY PAID C	R DOCUMENT D HEREIN IS S LAIMS.	BOVE FOR THE POLICY PERIOD WITH RESPECT TO WHICH THIS				
INSR LTR	TYPE OF INSURANCE	ADDL SUE	3R /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000				
	CLAIMS-MADE 🗙 OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
						MED EXP (Any one person) \$ 5,000				
A			WPP2010545 01	03/27/2024	03/27/2025	PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000				
	PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000				
	OTHER:			\$						
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT \$ 1,000,000				
	ANY AUTO					BODILY INJURY (Per person) \$				
A	OWNED SCHEDULED AUTOS		WPP2010545 01	03/27/2024	03/27/2025	BODILY INJURY (Per accident) \$				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE \$				
						\$				
						EACH OCCURRENCE \$ 1,000,000				
A	EXCESS LIAB CLAIMS-MADE		WUM2009983 01	03/27/2024	03/27/2025	AGGREGATE \$ 1,000,000				
	DED 🗙 RETENTION \$ 10,000					\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					PER STATUTE     OTH- ER				
в	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	TWC4394493	03/27/2024	03/27/2025	E.L. EACH ACCIDENT \$ 1,000,000				
	OFFICER/MEMBER EXCLUDED?			00,21,2021		E.L. DISEASE - EA EMPLOYEE \$ 1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 1,000,000				
	Director's and Officer's Liability					Limit \$1,000,000				
С	Claims-Made Policy		PCAP038555-0223	03/27/2024	03/27/2025	Retention \$1,000				
						Prior Litigation Date 03/27/23				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: 123 Pinnacle Ln Unit A and Unit B, Kyle TX 78640, Loan 207337700 Unit A Loan 207342734 Unit B Coverage applies to common areas only.										
CERTIFICATE HOLDER CANCELLATION Shollpoint Matteries Servicing CANCELLATION Shollpoint Matteries Servicing										
	Shellpoint Mortgage Servicing									
	ISAOA/ATIMA			AUTHORIZED REPRESE	NTATIVE					
	P.O. Box 7050			n	hickoul C.	Mey				
	Troy		MI 48007	10	what L.	1				

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this certificate does not confer rights to	the c	ertifi	cate holder in lieu of such		-					
PRODUCER		CONTA NAME:	Laurennu		FAX					
Symphony Risk Solutions, LLC				PHONE (A/C, No		57-9240	FAX (A/C, No):			
2425 N Central Expy				E-MAIL ADDRE	ss: Ifuselier@	symphonyrisk	.com			
Suite 900								NAIC #		
Richardson			TX 75080	INSURE	.ка.	nsurance Com	,			
INSURED		INSURE		ogy Insurance						
1880 at Plum Creek Condomini	um Co	ommui	nity Inc.	INSURER C: Philadelphia Indemnity Ins Co						
c/o Goodwin & Company				INSURE	RD:					
P. O. Box 4579 Dept 846			TV 77040	INSURE	RE:					
Houston			TX 77210		RF:					
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES OF			NUMBER: CL243115018				REVISION NUMBER:			
INDICATED. NOTWITHAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH PO	IREME AIN, TI	NT, TE He ins	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTR/ E POLIC	ACT OR OTHER IES DESCRIBE	R DOCUMENT D HEREIN IS S	WITH RESPECT TO WHICH THIS			
INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
								000,000		
CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10	00,000		
							MED EXP (Any one person) \$ 5,	000		
A			WPP2010545 01		03/27/2024	03/27/2025	PERSONAL & ADV INJURY \$ 1,	000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,	000,000		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ 2,	000,000		
				COMBINED SINGLE LIMIT (Ea accident)				000,000		
ANY AUTO				03/27/2024		03/27/2025	BODILY INJURY (Per person) \$			
A OWNED SCHEDULED AUTOS			WPP2010545 01		03/27/2024		BODILY INJURY (Per accident) \$			
HIRED AUTOS ONLY						PROPERTY DAMAGE \$				
							\$			
UMBRELLA LIAB X OCCUR							EACH OCCURRENCE \$ 1,	000,000		
A EXCESS LIAB CLAIMS-MADE			WUM2009983 01		03/27/2024	03/27/2025	AGGREGATE \$ 1,	000,000		
DED X RETENTION \$ 10,000							\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							YPER STATUTEOTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		TWC4394493		03/27/2024	03/27/2025	E.L. EACH ACCIDENT \$ 1,	000,000		
(Mandatory in NH)							E.L. DISEASE - EA EIVIPLOTEE   \$	000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below								000,000		
Director's and Officer's Liability								,000,000		
C Claims-Made Policy			PCAP038555-0223		03/27/2024	03/27/2025		,000		
							Prior Litigation Date 03	3/27/23		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)				
Re: Loan #207327719, Wondolyn Rivas,										
115 Pinnacle Ln Unit A, Kyle TX 78640.										
Coverage is for common areas only										
CERTIFICATE HOLDER				CANC	ELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
				AUTHO	RIZED REPRESE					
Troy,	MI 48007		N	Michael C.	Marcon					

ACORD 25 (2016/03)

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PRODUCER	ne certi	ficate holder in lieu of such	CONTACT Louron EL	Isolior						
Symphony Risk Solutions, LLC			NAME:	57-9240	FAX					
2425 N Central Expy			E-MAIL If up a light	symphonyrisk	(A/C, No):					
Suite 900			ADDRE35:			NAIC #				
Richardson		TX 75080	INSURER(S) AFFORDING COVERAGE							
INSURED			MOOKER A.	gy Insurance						
1880 at Plum Creek Condominiur	m Comm	unity Inc.	INSURER C : Philadelphia Indemnity Ins Co							
c/o Goodwin & Company			INSURER D :	-						
P. O. Box 4579 Dept 846			INSURER E :							
Houston		TX 77210	INSURER F :							
COVERAGES CERT	IFICATE	ENUMBER: CL243115018			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.										
LTR TYPE OF INSURANCE	ADDL SUB	D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
					DAMAGE TO RENTED	00,000				
CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) \$ 100 MED EXP (Any one person) \$ 5,0	),000 00				
A		WPP2010545 01	03/27/2024	03/27/2025	10	00,000				
		WFF2010545 01	03/27/2024	03/21/2023	20	00,000				
GEN'L AGGREGATE LIMIT APPLIES PER:					20	00,000				
					PRODUCTS - COMP/OP AGG \$ 2,0 \$	50,000				
						00,000				
					(Ea accident) \$ 1,0 BODILY INJURY (Per person) \$					
A OWNED SCHEDULED		WPP2010545 01	03/27/2024	03/27/2025	BODILY INJURY (Per accident) \$					
HIRED NON-OWNED	HIRED AUTOS NOLY NON-OWNED				PROPERTY DAMAGE \$					
					(Peraccident) \$					
VIMBRELLA LIAB X OCCUR					EACH OCCURRENCE \$ 1,0	00,000				
A EXCESS LIAB CLAIMS-MADE		WUM2009983 01	03/27/2024	03/27/2025		00,000				
DED X RETENTION \$ 10,000					\$					
					Y PER OTH- STATUTE ER					
	N/A	TWC4394493	03/27/2024	03/27/2025	E.L. EACH ACCIDENT \$ 1,0	00,000				
(Mandatory in NH)		1004334433	00/21/2024			00,000				
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 1,0	00,000				
Director's and Officer's Liability					Limit \$1,	000,000				
C Claims-Made Policy		PCAP038555-0223	03/27/2024	03/27/2025		000				
					Prior Litigation Date 03/2	27/23				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) "coverage applies to common area only" Deborah Hammond 4400 Switch Willo #5 Austin, TX 78727 Loan #CRP2305066515										
The Home Loan Expert, LLC ISA 1600 S Brentwood	OA, ATIM	ЛА	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.							
Blvd Ste 700			AUTHORIZED REPRESENTATIVE							
Saint Louis,		MO 63144	Michael C. Marcon							



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this certificate does not confer rights to	the c	ertifi	cate holder in lieu of such		. ,					
PRODUCER	CONTA NAME:	Lauren Fu								
Symphony Risk Solutions, LLC				PHONE (A/C, No	o, Ext): (110) of	57-9240	FAX (A/C, No):			
2425 N Central Expy				E-MAIL ADDRE	ss: Ifuselier@	symphonyrisk	.com			
Suite 900			TX 75080			. ,	RDING COVERAGE		NAIC #	
Richardson	INSURER A: Wesco Insurance Company									
INSURED	INSURE	к <b>Б</b> .	ogy Insurance							
1880 at Plum Creek Condomini	um Co	ommui	nity Inc.	INSURER C : Philadelphia Indemnity Ins Co						
c/o Goodwin & Company				INSURE	RD:					
P. O. Box 4579 Dept 846			T)/ 77040	INSURE	RE:					
Houston			TX 77210		RF:					
			NUMBER: CL243115018				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PERT. EXCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI	NT, TE He ins	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTR/ E POLIC	ACT OR OTHER	R DOCUMENT D HEREIN IS S	WITH RESPECT TO WHICH T	HIS		
INSR LTR TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
					, , , , , , , , , , , , , , , , , , ,		EACH OCCURRENCE	<sub>\$</sub> 1,00	0,000	
CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<sub>\$</sub> 100,		
							MED EXP (Any one person)	<sub>\$</sub> 5,00		
A			WPP2010545 01		03/27/2024	03/27/2025	PERSONAL & ADV INJURY	<sub>\$</sub> 1,00		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<sub>\$</sub> 2,00		
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,00	0,000		
		COMBINED SINGLE				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000		
ANY AUTO						03/27/2025	BODILY INJURY (Per person)	\$		
A OWNED SCHEDULED AUTOS			WPP2010545 01	03/27/2024	03/27/2024		BODILY INJURY (Per accident)	\$		
HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
AUTOS ONET								\$		
						EACH OCCURRENCE	<sub>\$</sub> 1,00	0,000		
A EXCESS LIAB CLAIMS-MADE			WUM2009983 01		03/27/2024	03/27/2025	AGGREGATE	\$ 1,00	0,000	
DED X RETENTION \$ 10,000								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	I/A TWC4394493			03/27/2024	03/27/2025	E.L. EACH ACCIDENT	<sub>\$</sub> 1,00		
(Mandatory in NH)	N/A		10004394493		03/21/2024	03/21/2023	E.L. DISEASE - EA EMPLOYEE	<sub>\$</sub> 1,00		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	<sub>\$</sub> 1,00	0,000	
Director's and Officer's Liability							Limit		00,000	
C Claims-Made Policy			PCAP038555-0223		03/27/2024	03/27/2025	Retention	\$1,0		
							Prior Litigation Date	03/2	7/23	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Property Address: 115 Pinnacle Lane Unit B, Kyle, TX 78640, Loan # CRP2307066824, Borrower's name: Michael Straub, 186 white oak dr, Buda TX 78610.										
CERTIFICATE HOLDER				CANC	ELLATION					
The Home Loan Expert,LLC IS/ 1600 S Brentwood Boulevard	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
Suite 700				AUTHO	RIZED REPRESE	NTATIVE				
Suite 700 Saint Louis			MO 63144		n	hichard C.	Marcon			

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