CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/15/2026

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).

PRODUCER Solidarity Insurance 4570 Westgrove Dr. Suite 273 Addison TX 75001	**CONTACT NAME:** Lizette Gonzalez **PHONE (A/C, No, Ext):** (214) 206-8999 **FAX (A/C, No):** (817) 439-2487 **E-MAIL ADDRESS:** Contactus@SolidarityInsurance.com
INSURED LEWISVILLE WATERS EDGE II CONDOMINIUM OWNERS AS 4570 Westgrove Dr Suite 230 Addison TX 75001	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Evanston Insurance Company 35378 **INSURER B :** Philadelphia Indemnity Ins Co 18058 **INSURER C :** StarNet Insurance Company 40045 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE 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. 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	
A	[X] **COMMERCIAL GENERAL LIABILITY** [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			3AB005989	05/16/2026	05/16/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ Included
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B	Directors and Officers			PCAP043882-0324	05/16/2026	05/16/2027	Limit of Liability Deductible	$1,000,000 $500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Separation of Insureds or Severability of Interest clause applied. Policy requires 10 day notice for cancellation. Additional Insured: Essex Association Management

CERTIFICATE HOLDER

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



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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Solidarity Insurance		LEWISVILLE WATERS EDGE II CONDOMINIUM OWNERS ASSOCIATION IN
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

| C)Crime Policy (05/16/2026 - 05/16/2027): QDR0002736-01 | Agreements 1-6,7-Limit of Insurance: $75,000
Deductible: $1,000 |
Crime Policy covers the appointed property management company as an entity and also its partners, members, officers, and employees when they are acting on the HOA's behalf.
14 buildings and 44 units listed.
BLDG1: 420 Waters Edge Dr, #410-#411-#412
BLDG2: 420 Waterscape Dr, #1235-#1236-#1237
BLDG3: 436 Watersedge Dr, #616, #617, #618
BLDG4: 428 Watersedge Dr, #513, #514, #515
BLDG5:118 Bridgewater Way #24, #25, #26
BLDG6:110 Bridgewater Way #11 #12 #13
BLDG7:429 Waterscape Dr. #1029 #1030 #1031
BLDG8:437 Waterscape Dr. #1132 #1133 #1134
BLDG9: 421 Waterscape Dr #926 #927 #928
BLDG10: 452 Waters Edge Dr #822 #823 #824 #825
BLDG 11: 436 Waterscape Dr #1442 #1443 #1444
BLDG 12: 126 Bridgewater Way #37 #38 #39
BLDG 13:444 Waters Edge Dr #719 #720 #721
BLDG 14:428 Waterscape Dr #1338 #1339 #1340 #1341

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