CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/22/2025

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 CITY POINT NRH RESIDENTIAL HOMEOWNERS ASSOCIATIO 1512 Crescent Dr Carrollton TX 75006	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** WESCO INS CO 25011 **INSURER B :** PHILADELPHIA IND INS CO 18058 **INSURER C :** **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 [ ] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			WPP199934302	02/21/2025	02/21/2026	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 $ 2,000,000
	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			PCAP046180-0124	11/08/2024	11/08/2025	Limit of Liability Deductible	$1,000,000 $1,000

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

Policy cancelation requires a 10 day written notice and covers the common area per the bylaws.

NORTH RICHLAND HILLS, TX 76180

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

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Solidarity Insurance	CITY POINT NRH RESIDENTIAL HOMEOWNERS ASSOCIATION INC
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

143 Units Listed:
Building 1: 4441-4437-4433-4429-4425-4421 UNION STREET
Building 2: 4553-4557-4561-4565-4569-4573 BISHOP STREET
Building 3: 4337-4341-4345-4349-4353-4357UNION STREET
Building 4: 4401-4405-4409-4413-4417 UNION STREET
Building 5: 4529-4533-4537-4541-4545-4549 BISHOP STREET
Building 6: 4501-4505-4509-4513-4517-4521-4525 BISHOPSTREET
Building 7: 4361-4365-4369-4373-4377-4381-4385 UNION STREET
Building 8 4317-4321-4325-4329-4333 UNION STREET
Building 9 4301-4305-4309-4313 UNION STREET
Building 10:4528-4532-4536-4540-4544-4548-4552 TRIPP STREET
Building 11:4308-4312-4316-4320-4324-4328-4332-4336CITY POINT DR
Building 12: 4500-4504-4508-4512-4516-4520-4524 TRIPP STREET
Building 13: 4269-4273-4277-4281-4285-4289-4293-4297 HOPEWELL
Building 14:4301-4305-4309-4313-4317-4321-4325 HOPEWELL STREET
Building 15:4329-4333-4337-4341-4345 HOPEWELL STREET
Building 16: 4349-4353-4357-4361-4365 HOPEWELL STREET
Building 17:4324-4328-4332-4336-4340-4344-4348 JAMES ST
Building 18: 4332-4336-4340-4344-4348 HOPEWELL ST
Building 19:7317-7321-7325-7329-7333 VIRGINIA AVE
Building 20:7320-7324-7328-7332-7336 VIRGINIA AVE
Building 21: 4300-4304-4308-4312-4316-4320 JAMES STREET
Building 22: 4225-4229-4233-4237-4241-4245 HOPEWELL STREET
Building 23:4249-4253-4257-4261-4265 HOPEWELL STREET
Building 24: 7320-7324-7328-7332-7336 POTOMAC MEWS