

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/29/2013

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 fioliter ill fiet of Such	endorsement(s).					
PRODUCER		CONTACT NAME:				
Swingle, Collins and	PHONE (A/C, No. Ext): (972)38	tt): (972)387-3000 FAX (A/C, No): (972)387-3808				
13760 Noel Road, Suite	E-MAIL ADDRESS: services@swinglecollins.com					
		INSURE	R(S) AFFORDING COVERAGE		NAIC #	
Dallas T	X 75240	INSURER A :America	First Ins Co			
INSURED		INSURER B Liberty	Insurance Unde	rwriters	19917	
Parkway Village Maste	Homeowners Association,	INSURER C :				
Post Office Box 701805		INSURER D :				
Dallas, TX 75370		INSURER E :				
		INSURER F :				
COVERAGES	CERTIFICATE NUMBER:13/14 Mas	ter	REVISION NI	IMRFR:		

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	SR TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	EXP YYY) LIMITS				
	GENERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY		L LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
Α	CLA	MS-MADE	2	₹ OCCUR			BKS55475142	5/1/2013	5/1/2014	MED EXP (Any one person)	\$	15,000
										PERSONAL & ADV INJURY	\$	1,000,000
										GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGRE			PLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY	PRO- JECT		LOC							\$	
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
А	ANY AUTO							5/1/2014	BODILY INJURY (Per person)	\$		
	ALL OWN AUTOS	ALL OWNED SCHEDULED AUTOS			BKS55475142	5/1/2013	BODILY INJURY (Per accident)		\$			
	X HIRED A	TOS X	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
											\$	
	X UMBREL	A LIAB		OCCUR						EACH OCCURRENCE	\$	1,000,000
Α	EXCESS	IAB		CLAIMS-MADE						AGGREGATE	\$	1,000,000
	DED RETENTION\$				USO55475142	5/1/2013	5/1/2014		\$			
	WORKERS CO			,						WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. EACH ACCIDENT	\$			
								E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe DESCRIPTION	inder OF OPERA	TIC	NS below						E.L. DISEASE - POLICY LIMIT	\$	
В	B Directors & Officers		icers			CAP013664-0113	5/1/2013	5/1/2014	Limit:		\$1,000,000	
										Retention:		\$2,500
									<u> </u>			

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

CERTIFICATE HOLDER	CANCELLATION				
FOR INFORMATIONAL PURPOSES	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				
	Frank Swingle/SKK				



INSURANCE BINDER

DATE (MM/DD/YYYY) 4/29/2013

						1/23/	2013	
THIS BINDER IS A TEMPORARY INSURAN	CE CONTRACT, SUBJECT	TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM COMPANY BINDER#						
Swingle, Collins and Associates	America First Ins Co			2903663				
13760 Noel Road, Suite 600	DATE EFFECT	TIVE TIN	TIME DAT			FXPIRATION		
		DATE		X AM	DAI	x	TIME 12:01 AM	
Dallas TX 75240		5/1/2013	12:01	PM	5/1/		NOON	
PHONE (A/C, No, Ext): (972)387-3000 FAX (A/C)	(972)387-3808	THIS BINDER IS ISSU					·	
CODE: SUB CODE	•	PER EXPIRING POLIC	CY#: BKS5	5475142				
AGENCY CUSTOMER ID: 00013032		DESCRIPTION OF OPERA			(Including Loca	tion)		
INSURED		Loc# 00001/Bld	lg# 00001	L				
Parkway Village Master Homeowner	s Association, Inc.,	4242 N Capistr	ano Dr					
C/O Linsch Management, L.L.C.	l	Dallas, TX 75	5287					
Post Office Box 701805	l l							
Dallas, TX 75370								
COVERAGES		l			LIMIT	S		
TYPE OF INSURANCE	COVERAGE/FORI	MS		DEDUCTIBLE	COINS %	AMOI	JNT	
PROPERTY CAUSES OF LOSS Blanket	Coverage Incl.Clubho	ouse Building,		2,500)		656,500	
	se Contents, Swimming	Pool, Tennis Co	ourt	•			-	
X Replacement Cost Special		,						
GENERAL LIABILITY				EACH OCCURR	ENCE	\$ 1,	,000,000	
X COMMERCIAL GENERAL LIABILITY				DAMAGE TO		1	,000,000	
				RENTED PREMI		Φ	15,000	
CLAIMS MADE X OCCUR				MED EXP (Any o	' '	\$ 1.	,000,000	
				PERSONAL & A		3	,000,000	
				GENERAL AGG		Φ	-	
	FOR CLAIMS MADE:			PRODUCTS - CO	OMP/OP AGG	1	,000,000	
VEHICLE LIABILITY			<u> </u>	COMBINED SIN	GLE LIMIT	\$ -	,000,000	
ANY AUTO				BODILY INJURY	(Per person)	\$		
ALL OWNED AUTOS				BODILY INJURY	(Per accident)	\$		
SCHEDULED AUTOS				PROPERTY DAI	MAGE	\$		
X HIRED AUTOS				MEDICAL PAYM	IENTS	\$		
X NON-OWNED AUTOS				PERSONAL INJU	JRY PROT	\$		
				UNINSURED MO	OTORIST	\$		
						\$		
VEHICLE PHYSICAL DAMAGE DED ALL VEHI	ICLES SCHEDULED VEH	HICLES		ACTUAL C	ASH VALUE			
COLLISION:				STATED A	MOUNT	\$		
OTHER THAN COL:								
GARAGE LIABILITY				AUTO ONLY - E.	A ACCIDENT	\$		
ANY AUTO				OTHER THAN A	UTO ONLY:			
				EAC	CH ACCIDENT	\$		
					AGGREGATE	\$		
EXCESS LIABILITY POLICY	#USO55475142			EACH OCCURR			,000,000	
X UMBRELLA FORM				AGGREGATE			,000,000	
	FOR CLAIMS MADE:			SELF-INSURED	RETENTION	\$	0	
STILL THE STIDING TO THE TREE TO THE					JTORY LIMITS	*		
WORKER'S COMPENSATION				E.L. EACH ACCI		\$		
AND EMPLOYER'S LIABILITY					EA EMPLOYEE			
				E.L. DISEASE - I		\$		
SPECIAL					OLIOT LIIVIII	\$		
CONDITIONS /				FEES				
OTHER COVERAGES				TAXES		\$		
				ESTIMATED IO	TAL PREMIUM	\$		
NAME & ADDRESS		MORTCACEE	ADDIT	ONAL INCLIDED	`			
	-	MORTGAGEE	H ADDIT	ONAL INSURED	,			
	-	LOSS PAYEE						
	-	AUTHORIZED REPRESENT	ATIVE					
			····-		_		- /	
	1	Frank Swingle/S	SKK	Land	l-de	angle.	7	

AGENCY CUSTOMER ID: 00013032

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.



INSURANCE BINDER

DATE (MM/DD/YYYY) 4/29/2013

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHO AGENCY Swingle, Collins and Associates COMPANY Liberty Insurance U						BINDER#			
~ .			P124200266			903664			
13	760 Noel Road, Suite 6	00		DATE EFFECTIVE	TIME	DATE	EXPIRATION TIME		
		75240		5/1/2013 12:0	1 X AM	5/31/	2013 X 12:01 A		
PHC (A/C	No, Ext): (972)387-3000	FAX (A/C, No): (972)	387-3808	THIS BINDER IS ISSUED TO EX			AMED COMPANY		
COL		SUB CODE:		PER EXPIRING POLICY #: CA					
	NCY 00013032 TOMER ID:			DESCRIPTION OF OPERATIONS/VEH Homeowner Association	•	Including Locati	on)		
	JRED				on bao				
	rkway Village Master H		lation, Inc.,						
	O Linsch Management, L	.L.C.							
	st Office Box 701805								
	las, TX 75370								
CC	VERAGES					LIMIT	<u>S</u>		
DDC	TYPE OF INSURANCE		COVERAGE/FOR	RMS	DEDUCTIBLE	COINS %	AMOUNT		
PRO	BASIC BROAD SPEC								
GEN	IERAL LIABILITY				EACH OCCURRE	ENCE	\$ 1,000,00		
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMIS		\$		
	CLAIMS MADE X OCCUR				MED EXP (Any o		\$		
х	DIRECTORS & OFFICERS				PERSONAL & AD		\$		
х	\$2,500 RETENTION				GENERAL AGGR		\$ 1,000,00		
	4_/333 =======	RETRO DATE FOR CLAIMS I	MADE:		PRODUCTS - CO		\$		
VEH	ICLE LIABILITY	RETRO DATE FOR CEANNOT	WADE.		COMBINED SING		\$		
	ANY AUTO				BODILY INJURY		\$		
	ALL OWNED AUTOS				BODILY INJURY	` '	\$		
	SCHEDULED AUTOS				PROPERTY DAM	,	\$		
	HIRED AUTOS				MEDICAL PAYME		\$		
	NON-OWNED AUTOS				PERSONAL INJU		\$		
	NON-OWNED ACTOO				UNINSURED MO		\$		
					OTHINGOTED MIC		\$		
VEH	ICLE PHYSICAL DAMAGE DED	ALL VEHICLES	SCHEDULED VE	HICLES	ACTUAL CA		Ψ		
	COLLISION:				STATED AN		\$		
	OTHER THAN COL:						•		
GAF	AGE LIABILITY				AUTO ONLY - EA	ACCIDENT	\$		
	ANY AUTO				OTHER THAN AL				
							\$		
							\$		
EXC	ESS LIABILITY				EACH OCCURRE	ENCE	\$		
	UMBRELLA FORM				AGGREGATE		\$		
	OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS I	MADE:		SELF-INSURED I	RETENTION	\$		
					WC STATU	TORY LIMITS			
	WORKER'S COMPENSATION AND				E.L. EACH ACCI	DENT	\$		
	EMPLOYER'S LIABILITY				E.L. DISEASE - E	A EMPLOYEE	\$		
					E.L. DISEASE - F	POLICY LIMIT	\$		
	CIAL				FEES		\$		
OTH					TAXES		\$		
CO	'ERAGES				ESTIMATED TO	TAL PREMIUM	\$		
NA	ME & ADDRESS								
				MORTGAGEE AD	DITIONAL INSURED				
				LOSS PAYEE					
				LOAN #					
				AUTHODIZED DEDDESCRITATIVE					
				AUTHORIZED REPRESENTATIVE		-			
				Frank Swingle/SKK	Teams	Colu	might f		

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