

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/17/2025

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					т					
Arthur J. Gallagher Risk Management Se 1900 West Loop South Suite 1600			, LLC	NAME: PHONE (A/C, No, Ext): 713-623-2330 E-MAIL			FAX (A/C, No):	FAX (A/C, No): 713-622-6722		
Houston TX 77027				ADDRESS:						
Tiousion TX TTOZT				INSURER(S) AFFORDING COVERAGE				NAIC#		
INSURED LGIHOME-01					INSURER A: Old Republic Insurance Company				24147	
INSURED LGIHOME-01 LGI HOMES, INC.			INSURER B:							
1450 LAKE ROBBINS DR. SUITE 430 THE WOODLANDS, TX 77380		)			INSURER C :					
					INSURER D :					
					INSURER E :					
					INSURER F:					
COVERAGES CER		RTIFICATE NUMBER: 1255804676			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		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	TS		
COMMERCIAL GENERAL LIABILITY		WVD	TOLIOT HOMBER		(MM/DD/1111)	(MINI/DD/TTTT)	EACH OCCURRENCE	s		
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	RSONAL & ADV INJURY \$		
GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	s		
POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	s		
OTHER:								\$		
A AUTOMOBILE LIABILITY			MWTB31258224		3/1/2024	3/1/2025	COMBINED SINGLE LIMIT	\$ 2,000.	.000	
X ANY AUTO					10.07 o to 10.00 o 10.00		(Ea accident) BODILY INJURY (Per person)	s		
OWNED AUTOS ONLY X AUTOS NON-OWNED X NON-OWNED							BODILY INJURY (Per accident)			
						PROPERTY DAMAGE	PERTY DAMAGE e			
AUTOS ONLY AUT	TOS ONLY						(Per accident)	s		
UMADDELLA LIAD		-					TOWNS THE PROPERTY OF THE PROP			
FYOFOOLIAD	OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$		
DED RETENTION\$		-					. DED OTH	\$		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N		MWC31258324		3/1/2024	3/1/2025	X PER OTH-	1		
ANYPROPRIETOR/PARTNER/EXECUTIVE N							E.L. EACH ACCIDENT	\$ 1,000,	,000	
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$ 1,000	,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,	,000	
A Hired Auto Phys Dmge			MWTB31258224		3/1/2024	3/1/2025	Comprehensive Ded. Collision Ded Limit of Insurance	\$250 \$500 \$100,0	000	
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Boone Trail Village.										
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					
Lillington NC 27546			- m- 8							
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