



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/18/2022

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

<b>AGENCY</b> Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr Bryan TX 77805-5753		<b>PHONE</b> (A/C, No, Ext): (979)774-3900		<b>COMPANY</b>  Safepoint Insurance Company (Primary Property) Certain Underwriters at Lloyds-AEGIS (Wind Deduct Buy Down)					
<b>FAX</b> (A/C, No): (979)774-3955		<b>E-MAIL ADDRESS:</b> susan@serviceingroup.com							
<b>CODE:</b>		<b>SUB CODE:</b>							
<b>AGENCY CUSTOMER ID #:</b> 7788									
<b>INSURED</b>  Southwest Crossing Townhome Association c/o Beal Properties 3363 University Dr E Ste 215 Bryan TX 77802-				<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> 6666020210702101635			
				<b>EFFECTIVE DATE</b> 07/15/2022		<b>EXPIRATION DATE</b> 07/15/2023		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>									

## PROPERTY INFORMATION

<b>LOCATION/DESCRIPTION</b> 2500-2537 Crosstimbers & 600-606 Crosstimbers College Station, TX 77840
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 EVIDENCE OF PROPERTY INSURANCE 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.

## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Buildings; Replacement Cost; Special Form; 5% Wind/Hail deduct.** **Wind Deduct. Buy Down lowers Wind/Hail deduct. down to 2%	2,972,156	5,000

## REMARKS (Including Special Conditions)

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## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
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## ADDITIONAL INTEREST

AI 013834

<b>NAME AND ADDRESS</b>  Sample Certificate Only Contact Insurance Agency for Detailed Certificate Ofc # (979) 774-3900 Fax # (979) 774-3955	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	<b>LOAN #</b>	
<b>AUTHORIZED REPRESENTATIVE</b> 		