

## **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 03/21/2022

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 DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. PHONE (A/C, No, Ext): (979)774-3900 AGENCY Service Insurance Group, Inc. Safepoint Insurance Co PO Box 5753 PO Box 292547 3840 Corporate Center Dr Tampa FL 33687-TX 77805-5753 Bryan ( ) -FAX (A/C. No): (979)774-3955 E-MAIL ADDRESS: katelyn@serviceinsgroup.com CODE: 0102954 SUB CODE: AGENCY 2894 INSURED LOAN NUMBER POLICY NUMBER River Ridge Townhomes, A Condominium HOA, Inc. STCP0001039-03 c/o Beal Properties EFFECTIVE DATE **EXPIRATION DATE** CONTINUED UNTIL 3363 University Dr E Ste 215 03/17/2022 03/17/2023 TERMINATED IF CHECKED Bryan TX 77802-THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION 1000 Spring Loop 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** BASIC BROAD SPECIAL PERILS INSURED COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE Buildings; Special Form, Replacement Cost 6,625,297 5,000 Fencing/Arbors/Signs; Special Form, Replacement Cost 35,000 5,000 Ordinance or Law A Included Ordinance or Law B & C 15,000 \*\*Wind/Hail Deductible 5% **REMARKS (Including Special Conditions)** 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. ADDITIONAL INTEREST AI 017989 X LOSS PAYEE NAME AND ADDRESS ADDITIONAL INSURED LENDER'S LOSS PAYABLE X MORTGAGEE I OAN # Sample **AUTHORIZED REPRESENTATIVE**