

DATE (MM/DD/YYYY) 07/06/2023

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.

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certificate	certificate holder in lieu of such endorsement(s).						
PRODUCER	Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr Bryan	TX 77805-5753	CONTACT Taylor Keleman  PHONE (A/C, No, Ext): (979)774-3900  E-MAIL ADDRESS: taylor@serviceinsgroup.com  INSURER(S) AFFORDING COVERAGE  INSURER A : RLI Surety	4-3955 NAIC#			
INSURED	Oakwood Townhomes HOA c/o Beal Properties 3363 University Dr E Ste 215 College Station	TX 77802-	INSURER B: United States Liability Insurance INSURER C: INSURER D: INSURER E: INSURER F:				
COVEDAGE	CEDTIEICATE	NIIMDED.	PEVISION 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS INSR WVD POLICY NUMBER В **GENERAL LIABILITY** 1,000,000 04/20/2023 04/20/2024 NPP1575543f EACH OCCURRENCE DAMAGE TO RENTED X COMMERCIAL GENERAL LIABILITY 100,000 PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE Included GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-\$ COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED \$ **BODILY INJURY (Per accident)** AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ **OCCUR EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If ves, describe unde DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Dishonesty/Fidelity Bond 08/01/2022 08/01/2023 Limit LFM0014832 30,000 В **Directors & Officers** NPP1575543f 04/20/2023 04/20/2024 Aggr / Each Claim 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER		CANCELLATION	AI 004760
Kleberg Bank PO Box 7669		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES IN THE EXPIRATION DATE THEREOF, NOTICE WILL ACCORDANCE WITH THE POLICY PROVISIONS.	
Corpus Christi	TX 78467-	AUTHORIZED REPRESENTATIVE  Recommendation	trust



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certificate	holder in lieu of such endorsement(s)					
PRODUCER	Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr		CONTACT Taylor Ke PHONE (A/C, No, Ext): (979)774- E-MAIL ADDRESS: taylor@se	eleman -3900 erviceinsgroup.com	FAX (A/C, No):(979)7	74-3955
	Bryan	TX 77805-5753	INSURER(S	S) AFFORDING COVERAGE		NAIC#
	•		INSURER A: RLI Surety			
INSURED			ınsurer в :United State	s Liability Insurance	e	
	Oakwood Townhomes HOA		INSURER C :	•		
	c/o Beal Properties		INSURER D :			
	3363 University Dr E Ste 215 College Station	TX 77802-	INSURER E :			
	Conege Station	1A //0UZ-	INSURER F :			
COVERAGE	CEPTIFICATE	NIIMRED:		PEVISION NIII	ARED.	

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B GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  NPP1575543f  04/20/2023 04/20/2024 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence MED EXP (Any one person)	\$ 1,000,000 \$ 100,000							
X COMMERCIAL GENERAL LIABILITY  DAMAGE TO RENTED PREMISES (Ea occurrence	100,000							
	\$ 5,000							
PERSONAL & ADV INJURY	s 1,000,000							
GENERAL AGGREGATE	\$ 2,000,000							
GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP A	gg \$ Included							
X POLICY PRO-	\$							
AUTOMOBILE LIABILITY  COMBINED SINGLE LIMIT (Ea accident)	\$							
ANY AUTO BODILY INJURY (Per person	on) \$							
ALL OWNED SCHEDULED AUTOS BODILY INJURY (Per accided)	lent) \$							
HIRED AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident)	\$							
	\$							
UMBRELLA LIAB OCCUR	\$							
EXCESS LIAB CLAIMS-MADE AGGREGATE	\$							
DED RETENTION \$	\$							
	OTH- ER							
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A    ANY PROPRIETOR/PARTNER/EXECUTIVE N/A   E.L. EACH ACCIDENT	\$							
(Mandatory in NH)  If yes, describe under	DYEE \$							
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LII	MIT \$							
A Dishonesty/Fidelity Bond   LFM0014832   08/01/2022 08/01/2023 Limit	30,000							
B   Directors & Officers   NPP1575543f   04/20/2023 04/20/2024 Aggr / Each Clair	n 1,000,000							

CERTIFICATE HOLDER		CANCELLATION	AI 008644
Kleberg Bank 2037 Airline Rd		SHOULD ANY OF THE ABOVE DESCRIBED POLICE THE EXPIRATION DATE THEREOF, NOTICE ACCORDANCE WITH THE POLICY PROVISIONS.	
Corpus Christi	TX 78412-	AUTHORIZED REPRESENTATIVE	Theret



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certificate	noider in lieu of such endorsement(s)			
PRODUCER	Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr	TV 77005 5752	CONTACT NAME: PHONE (A/C, No, Ext): CFMAIL ADDRESS: Taylor Keleman FAX (A/C, No):(979)774 FAX (A/C, No):(979)77	74-3955
	Bryan	TX 77805-5753	INSURER(S) AFFORDING COVERAGE	NAIC#
			INSURER A: RLI Surety	
INSURED	0.1 17 1 1704		INSURER B: United States Liability Insurance	
	Oakwood Townhomes HOA c/o Beal Properties 3363 University Dr E Ste 215 College Station		INSURER C:	
			INSURER D:	
		TX 77802-	INSURER E :	
	con-go zumen	111 //002	INSURER F:	
COVEDAGE	CEDTIEICATE	NIIMRED:	DEVISION NUMBED:	

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

RE: Angela Windham - Loan #1500040493

4507 Carter Creek Bryan TX 77802

CERTIFICATE HOLDER		CANCELLATION Al 00	)8647
PNC Bank NA ISAOA / ATIMA PO Box 7433		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.	
Springfield	ОН 45501-	AUTHORIZED REPRESENTATIVE  Reconstructive	

Fax: (937)324-7101



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Certificate	certificate floider in fled of such endorsement(s).						
PRODUCER	Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr Bryan	TX 77805-5753	CONTACT Taylor Keleman  PHONE (A/C, No, Ext): (979)774-3900  E-MAIL ADDRESS: taylor@serviceinsgroup.com  INSURER(S) AFFORDING COVERAGE	74-3955 NAIC#			
			INSURER A: RLI Surety				
INSURED	Oakwood Townhomes HOA c/o Beal Properties 3363 University Dr E Ste 215 College Station	TX 77802-	INSURER B: United States Liability Insurance INSURER C: INSURER D: INSURER E: INSURER F:				
001/50405							

CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	-	POLICY EFF	POLICY EXP	LIMITS	2
	GENERAL LIABILITY	INSR	WVD	POLICY NUMBER	,	(MM/DD/YYYY)		
В	X COMMERCIAL GENERAL LIABILITY			NPP1575543f	04/20/2023	04/20/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ Included
	X POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							,	\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Dishonesty/Fidelity Bond			LFM0014832	08/01/2022	08/01/2023	Limit	30,000
В	Directors & Officers			NPP1575543f	04/20/2023	04/20/2024	Aggr / Each Claim	1,000,000
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							

CERTIFICATE HOLDER	CANCELLATION	AI 011515

JPMorgan Chase Bank, NA ISAOA/ATIMA PO Box 47020 Atlanta

GA 30362-

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** 



DATE (MM/DD/YYYY) 07/06/2023

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certificate	noider in lieu of such endorsement(s)			
PRODUCER	Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr	TV 77005 5752	CONTACT NAME: PHONE (A/C, No, Ext): CFMAIL ADDRESS: Taylor Keleman FAX (A/C, No):(979)774 FAX (A/C, No):(979)77	74-3955
	Bryan	TX 77805-5753	INSURER(S) AFFORDING COVERAGE	NAIC#
			INSURER A: RLI Surety	
INSURED	0.1 17 1 1704		INSURER B: United States Liability Insurance	
	Oakwood Townhomes HOA c/o Beal Properties 3363 University Dr E Ste 215 College Station		INSURER C:	
			INSURER D:	
		TX 77802-	INSURER E :	
	con-go zumen	111 //002	INSURER F:	
COVEDAGE	CEDTIEICATE	NIIMRED:	DEVISION NUMBED:	

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	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,								
	CCLUSIONS AND CONDITIONS OF SUCH I	POLIC	IEŚ. I	LIMITS SHOWN MAY HAVE BEEN R			TIERENTIO GODDEOT TO	,	THE TERMO,
INSR LTR	TYPE OF INSURANCE	ADDL INSR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
В	CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:			NPP1575543f	04/20/2023	04/20/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$ \$ \$	1,000,000 100,000 5,000 1,000,000 2,000,000 Included
	X POLICY PRO- JECT LOC						COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS						(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$						AGGREGATE	\$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATU- TORY LIMITS OTH- ER	\$	
A B	Dishonesty/Fidelity Bond Directors & Officers					08/01/2023 04/20/2024	Limit Aggr / Each Claim		30,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  $RE\colon Loan \#0507388031$ 

Nicholas Petry

45096 Carter Creek Pkwy, Unit #6

Bryan TX 77802

CERTIFICATE HOLDER		CANCELLATION AI 014	4157
Wells Fargo, NA 936 ISAOA PO Box 100515		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.	
Florence	SC 29502-0515	AUTHORIZED REPRESENTATIVE  Record  Rec	

Fax: (



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certificate	noider in fieu of such endorsement(s)	•				
PRODUCER	Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	Taylor Keleman (979)774-3900 taylor@serviceinsgroup.com	FAX (A/C, No):(979)7	74-3955
	Bryan	TX 77805-5753		INSURER(S) AFFORDING COVERAGE		NAIC#
	•		INSURER A : R	• /		
INSURED	Oakwood Townhomes HOA c/o Beal Properties 3363 University Dr E Ste 215 College Station	TX 77802-		nited States Liability Insurand	ce	
00VED 4 0E	CEDITICATI	NUMBED.		DEVICION NU	MDED.	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR	CCLUSIONS AND CONDITIONS OF SUCH I	ADDL S	UBR	POLICY EFF POLICY EXP	
LTR	TYPE OF INSURANCE	INSR V	POLICY NUMBER	(MM/DD/YYYY) (MM/DD/YYYY)	LIMITS
В	GENERAL LIABILITY		NPP1575543f	04/20/2023 04/20/2024	EACH OCCURRENCE \$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	CLAIMS-MADE X OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ Included
	X POLICY PRO-				\$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
					\$
	UMBRELLA LIAB OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB CLAIMS-MADE				AGGREGATE \$
	DED RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A			E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	11/4			E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT \$
A	Dishonesty/Fidelity Bond		LFM0014832	08/01/2022 08/01/2023	
В	Directors & Officers		NPP1575543f	04/20/2023 04/20/2024	Aggr / Each Claim 1,000,000

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

RE: Rejeesh Vasudev - Loan #21003011

4505 Carter Creek Pkwy, Unit #4

Bryan TX 77802

CERTIFICATE HOLDER	CANCELLATION	AI 014415

American Momentum Bank ISAOA 500 S Washington Blvd, 3rd Floor Sarasota

FL 34236-

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

Roomany Hunt



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	Oakwood Townhomes HOA		INSURER C:		
	c/o Beal Properties				
			INSURER D :		
	3363 University Dr F Ste 215		INSURER D :		
	3363 University Dr E Ste 215				
	College Station	TX 77802-	INSURER E :		
	College Station	1A //802-	INCLIDED E ·		
			INSURER F:		
001/50405	-0 00071010471			DEVIOLON NU	

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	CCLUSIONS AND CONDITIONS OF SUCH F	ADDL SUBR			POLICY EXP (MM/DD/YYYY)	LIMIT	e	
	GENERAL LIABILITY	INSR WVD		,	, ,			<u></u>
В	X COMMERCIAL GENERAL LIABILITY		NPP1575543f	04/20/2023	04/20/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,00 \$ 100,00	
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,00	
						PERSONAL & ADV INJURY	\$ 1,000,00	
						GENERAL AGGREGATE	\$ 2,000,00	)0
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ Include	ed
	X POLICY PRO- JECT LOC					COMPINED CINIOLE LIMIT	\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
A	Dishonesty/Fidelity Bond		LFM0014832		08/01/2023		30,00	)0
В	Directors & Officers		NPP1575543f	04/20/2023	04/20/2024	Aggr / Each Claim	1,000,00	)0
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach	 ACORD 101, Additional Remarks Schedu	le, if more space is	required)			

**CERTIFICATE HOLDER CANCELLATION** AI 014702

Sample For Details, Please Contact Our Agency Phone 979-774-3900 Fax 979-774-3955

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** 



DATE (MM/DD/YYYY) 07/06/2023

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 holder in lieu of such endorsement(s).

oortinoato	notable in the of cabil chables inclinic	•		
PRODUCER	Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr Bryan	TX 77805-5753	CONTACT NAME: Taylor Keleman PHONE (A/C, No, Ext): (979)774-3900 FAX (A/C, No):(979)77 E-MAIL ADDRESS: taylor@serviceinsgroup.com INSURER(S) AFFORDING COVERAGE INSURER A : RLI Surety	4-3955 NAIC#
INSURED	Oakwood Townhomes HOA c/o Beal Properties 3363 University Dr E Ste 215 College Station	TX 77802-	INSURER B: United States Liability Insurance INSURER C: INSURER D: INSURER E: INSURER F:	
001/55405			DEL/GLON NUMBER	

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	CCLUSIONS AND CONDITIONS OF SUCH I	ADDL S	UBR	POLICY EFF POLICY EXP	
LTR	TYPE OF INSURANCE	INSR V	POLICY NUMBER	(MM/DD/YYYY) (MM/DD/YYYY)	LIMITS
В	GENERAL LIABILITY		NPP1575543f	04/20/2023 04/20/2024	EACH OCCURRENCE \$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	CLAIMS-MADE X OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ Included
	X POLICY PRO-				\$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
					\$
	UMBRELLA LIAB OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB CLAIMS-MADE				AGGREGATE \$
	DED RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A			E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	11/4			E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT \$
A	Dishonesty/Fidelity Bond		LFM0014832	08/01/2022 08/01/2023	
В	Directors & Officers		NPP1575543f	04/20/2023 04/20/2024	Aggr / Each Claim 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  $Shawn \ and \ Kimberly \ Reynolds$ 

4513 Carter Creek Pkwy Apt 7

Bryan TX 77802

Loan # 95014990

CERTIFICATE HOLDER		CANCELLATION AI 014920
City Bank Mortgage ISAOA/ATIMA		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
6112 43rd St, Ste 300 Lubbock	TX 79407-	AUTHORIZED REPRESENTATIVE  Record Hand



DATE (MM/DD/YYYY) 07/06/2023

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certificate	noider in lieu of such endorsement(s)					
PRODUCER	Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	Taylor Keleman (979)774-3900 taylor@serviceinsgroup.com	FAX (A/C, No):(979)77	74-3955
	Bryan	TX 77805-5753		INSURER(S) AFFORDING COVERAGE		NAIC#
			INSURER A : R	LI Surety		
INSURED	Oakwood Townhomes HOA c/o Beal Properties 3363 University Dr E Ste 215 College Station	TX 77802-		nited States Liability Insuran	ce	
COVEDACE	C CEDITICATE	NUMBED.		DEVICION NU	MDED.	

CERTIFICATE NUMBER

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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS INSR WVD POLICY NUMBER В **GENERAL LIABILITY** 1,000,000 04/20/2023 04/20/2024 NPP1575543f EACH OCCURRENCE DAMAGE TO RENTED X COMMERCIAL GENERAL LIABILITY 100,000 PREMISES (Ea occurrence) CLAIMS-MADE  $\lfloor X 
vert$  OCCUR 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE Included GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-\$ COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED \$ **BODILY INJURY (Per accident)** 

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ **OCCUR EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If ves, describe unde DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Dishonesty/Fidelity Bond 08/01/2022 08/01/2023 Limit LFM0014832 30,000 В Directors & Officers NPP1575543f 04/20/2023 04/20/2024 Aggr / Each Claim 1,000,000

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

CERTIFICATE HOLDER		CANCELLATION AI 015153
First Financial Bank 400 Pine St		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Abilene	TX 79601-	AUTHORIZED REPRESENTATIVE  Reserved  AUTHORIZED REPRESENTATIVE

Fax: (325)672-2551



DATE (MM/DD/YYYY) 07/06/2023

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Certificate	noider in hed of such endorsement(s)	•		
PRODUCER	Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr Bryan	TX 77805-5753	CONTACT Taylor Keleman  PHONE (A/C, No, Ext): (979)774-3900  E-MAIL ADDRESS: taylor@serviceinsgroup.com  INSURER(S) AFFORDING COVERAGE	74-3955 NAIC#
			INSURER A: RLI Surety	
INSURED	Oakwood Townhomes HOA c/o Beal Properties 3363 University Dr E Ste 215 College Station	TX 77802-	INSURER B: United States Liability Insurance INSURER C: INSURER D: INSURER E: INSURER F:	
001/50405				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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CLAIMS-MADE | X | OCCUR 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE Included GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG \$ PRO-\$ COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ **OCCUR EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If ves, describe unde DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Dishonesty/Fidelity Bond 08/01/2022|08/01/2023|Limit LFM0014832 30,000 В **Directors & Officers** NPP1575543f 04/20/2023 04/20/2024 Aggr / Each Claim 1,000,000

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

RE: Marquerite Sawyer - Loan #2554801

4517 Carter Creek, unit #7, Bryan TX 77802

CERTIFICATE HOLDER CANCELLATION AI 015260

Movement Mortgage LLC ISAOA/ATIMA 8024 Calvin Hall Rd Indian Land

NUTUODITED DEDDESCRIT

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

Stooney Africk

SC 29707-



DATE (MM/DD/YYYY) 07/06/2023

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PRODUCER	Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr		CONTACT NAME: Taylor Keleman  PHONE (A/C, No, Ext): (979)774-3900 E-MAIL ADDRESS: taylor@serviceinsgroup.com  FAX (A/C, No):(979)7	74-3955				
	Bryan	TX 77805-5753	INSURER(S) AFFORDING COVERAGE	NAIC#				
			INSURER A: RLI Surety					
INSURED	Oakwood Townhomes HOA		INSURER B: United States Liability Insurance					
	c/o Beal Properties 3363 University Dr E Ste 215		INSURER D :					
	College Station	TX 77802-	INSURER E :					
			INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LTR	I TPE OF INSURANCE	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
В	GENERAL LIABILITY		NPP1575543f	04/20/2023	04/20/2024	EACH OCCURRENCE \$	1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person) \$	5,000
						PERSONAL & ADV INJURY \$	1,000,000
						GENERAL AGGREGATE \$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$	Included
	X POLICY PRO-					\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO					BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$	
						\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	
	DED RETENTION \$					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	
Α	Dishonesty/Fidelity Bond		LFM0014832	08/01/2022			30,000
В	Directors & Officers		NPP1575543f	04/20/2023	04/20/2024	Aggr / Each Claim	1,000,000

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

RE: Margaret Benedict - Loan #110018226633

4507 Carter Creek #1 Bryan TX 77802

CERTIFICATE HOLDER CANCELLATION AI 016560

Broker Solutions Inc. DBA New American Funding ISAOA PO Box 2968

GA 30156-

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

Charley Africk

Kennesaw



DATE (MM/DD/YYYY) 07/06/2023

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Certificate	noluer in heu of such endorsement(s)	•		
PRODUCER	Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr Bryan	TX 77805-5753	CONTACT NAME: Taylor Keleman  PHONE (AIC, No, Ext): (979)774-3900  E-MAIL ADDRESS: taylor@serviceinsgroup.com  INSURER A: RLI Surety	4-3955 NAIC#
INSURED	Oakwood Townhomes HOA c/o Beal Properties 3363 University Dr E Ste 215 College Station	TX 77802-	INSURER B: United States Liability Insurance INSURER C: INSURER D: INSURER E: INSURER F:	
COVEDACE	CEDTIEICATE	MIIMDED.	DEVISION NUMBED:	

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INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
В	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- LOC	Mar		NPP1575543f	1.		EACH OCCURRENCE         \$ 1,000,000           DAMAGE TO RENTED PREMISES (Ea occurrence)         \$ 100,000           MED EXP (Any one person)         \$ 5,000           PERSONAL & ADV INJURY         \$ 1,000,000           GENERAL AGGREGATE         \$ 2,000,000           PRODUCTS - COMP/OP AGG         \$ Included
	AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS NON-OWNED AUTOS						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 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATU- TORY LIMITS
A B	Dishonesty/Fidelity Bond Directors & Officers			LFM0014832 NPP1575543f		08/01/2023 04/20/2024	Limit 30,000 Aggr / Each Claim 1,000,000

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

RE: Marquerite Sawyer - Loan #0440848579

4517 Carter Creek, Unit #8

Bryan TX 77802

CERTIFICATE HOLDER		CANCELLATION AI 017802
Flagstar Bank ISAOA/ATIMA		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
P.O. Box 52198 Phoenix	AZ 85072-2198	AUTHORIZED REPRESENTATIVE  Record  The state of the state

Fax: (833)874-5370



DATE (MM/DD/YYYY) 07/06/2023

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oor timouto	noider in hea or such chaorsement(s)			
PRODUCER	Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr Bryan	TX 77805-5753	CONTACT Taylor Keleman  PHONE (A/C, No, Ext): (979)774-3900 FAX (A/C, No):(979)7  E-MAIL ADDRESS: taylor@serviceinsgroup.com  INSURER(S) AFFORDING COVERAGE  INSURER A : RLI Surety	74-3955 NAIC#
INSURED	Oakwood Townhomes HOA c/o Beal Properties 3363 University Dr E Ste 215 College Station	TX 77802-	INSURER B: United States Liability Insurance 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 SLICH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR	TYPE OF INSURANCE	ADDL SUB	R	POLICY EFF	POLICY EXP	LIMIT	s	
В	GENERAL LIABILITY		NPP1575543f		,	EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	Included
	X POLICY PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
						· · · · · · · · · · · · · · · · · · ·	\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
A	Dishonesty/Fidelity Bond		LFM0014832		08/01/2023			30,000
В	Directors & Officers		NPP1575543f	04/20/2023	04/20/2024	Aggr / Each Claim		1,000,000

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

RE: Randall James Buckholt Jr.

4517 Carter Creek Pkwy, Unit 3

Bryan TX 77802

Loan #0567400668

CERTIFICATE HOLDER	CANCELLATION	AI 017920
W. H. D. N. A. 1102.6	SHOULD ANY OF THE ABOVE DESCRIBED POL	

Wells Fargo, N.A. #936 **ISAOA** 

PO Box 100515

Florence SC 29502-0515

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE** 



DATE (MM/DD/YYYY) 07/06/2023

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 holder in lieu of such endorsement(s).

Certificate	noider in hea or such endorsement(s)			
PRODUCER	Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr Bryan	TX 77805-5753	CONTACT Taylor Keleman  PHONE (A/C, No, Ext): (979)774-3900  E-MAIL ADDRESS: taylor@serviceinsgroup.com  INSURER(S) AFFORDING COVERAGE  INSURER A : RLI Surety	4-3955 NAIC#
INSURED	Oakwood Townhomes HOA c/o Beal Properties 3363 University Dr E Ste 215 College Station	TX 77802-	INSURER B: United States Liability Insurance INSURER C: INSURER D: INSURER E: INSURER F:	
COVEDAGE	C CEDITICIOATI	NUMBED.	DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADDL S	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
В	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- LOC	INSK	NPP1575543f	,	,	EACH OCCURRENCE \$ 1,000,000  DAMAGE TO RENTED \$ 100,000  MED EXP (Any one person) \$ 5,000  PERSONAL & ADV INJURY \$ 1,000,000  GENERAL AGGREGATE \$ 2,000,000  PRODUCTS - COMP/OP AGG \$ Included
	AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS AUTOS AUTOS NON-OWNED AUTOS					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 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATU- TORY LIMITS
A B	Dishonesty/Fidelity Bond Directors & Officers		LFM0014832 NPP1575543f		08/01/2023 04/20/2024	Limit 30,000 Aggr / Each Claim 1,000,000

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

RE:Stephanie C Garner - Loan #2004703720

4517 Carter Creek Pkwy, Unit #3

Bryan TX 77802

CERTIFICATE HOLDER	CANCELLATION	AI 018130

RoundPoint Mortgage Servicing Corporation ISAOA/ATIMA PO Box 2927

Phoenix AZ 85062-2927

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

Rooney Hunt

Fax: (833)837-8802



DATE (MM/DD/YYYY) 07/06/2023

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 holder in lieu of such endorsement(s).

oor timoato i	iolaer in nea or sach enaorsement(s)	•		
	Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr Bryan	TX 77805-5753	CONTACT Taylor Keleman  PHONE (A/C, No, Ext): (979)774-3900 FAX (A/C, No):(979)7  E-MAIL ADDRESS: taylor@serviceinsgroup.com  INSURER(S) AFFORDING COVERAGE  INSURER A : RLI Surety	74-3955 NAIC#
	Oakwood Townhomes HOA c/o Beal Properties 3363 University Dr E Ste 215 College Station	TX 77802-	INSURER B: United States Liability Insurance 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	TYPE OF INSURANCE	ADDL SUB	R	BEEN REDUCED BY PAID CLAIMS.  POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS			
В	GENERAL LIABILITY		NPP1575543f		,	EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ Included
	X POLICY PRO- JECT LOC						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
						· · · · · · · · · · · · · · · · · · ·	\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATU- TORY LIMITS ER	
					E.L. EACH ACCIDENT	\$	
					E.L. DISEASE - EA EMPLOYEE	\$	
						E.L. DISEASE - POLICY LIMIT	\$
A	Dishonesty/Fidelity Bond			30,000			
В	Directors & Officers		NPP1575543f	04/20/2023	04/20/2024	Aggr / Each Claim	1,000,000

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

RE: William & Aubrey Agnor 4505 Carter Creek Pkwy, Unit 1 4507 Carter Creek Pkwy, Unit 10

Bryan TX 77802

Loan#

CERTIFICATE HOLDER	CANCELLATION	AI 019425

InterLinc Mortgage Services, LLC ISAOA/ATIMA 5875 N Sam Houston Pkwy West, Ste 300 Houston TX 77086-

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

Charley Hunt

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