



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/12/2024

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.

AGENCY Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr Bryan TX 77805-5753		PHONE (A/C, No, Ext): (979)774-3900	COMPANY Safepoint Insurance Co PO Box 292547 Tampa FL 33687- ( ) -	
FAX (A/C, No): (979)774-3955		E-MAIL ADDRESS: kacey@serviceinsgroup.com		
CODE:		SUB CODE:		
AGENCY CUSTOMER ID #: 2215		LOAN NUMBER		POLICY NUMBER STCP0002334-01
INSURED Old Oaks Condominium Owners Association c/o Beal Properties 3363 University Dr E Ste 215 Bryan TX 77802-		EFFECTIVE DATE 12/21/2024	EXPIRATION DATE 12/21/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 3923 Old Oaks Drive Bryan, TX 77802  32 Total Units
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; Special Form, Replacement Cost; 5% Wind/Hail Deduct.	4,302,392	10,000

## 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 014702

NAME AND ADDRESS Sample For Details, Please Contact Our Agency Phone 979-774-3900 Fax 979-774-3955	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/>
	LOAN #	
AUTHORIZED REPRESENTATIVE 		