



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/02/2025

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b>	
Randy Flasowski(353134M) 1001 University Dr E Ste 105		PHONE (A/C, NO, EXT): 979-691-2534	
College Station TX 77840-2143		FAX (A/C, NO): 979-691-2608	
		E-MAIL ADDRESS: rflasowski@farmersagent.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>NAIC #</b>	
<b>INSURED</b>		<b>INSURER A:</b> Truck Insurance Exchange	
WOOD BROOK OWNERS ASSOCIATION ; 3363 UNIVERSITY DR E # 215 BRYAN TX 77802		<b>INSURER B:</b> Farmers Insurance Exchange	
		<b>INSURER C:</b> Mid Century Insurance Company	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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		ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
C	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			606747012	06/01/2025	06/01/2026	EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$ 75,000		
								MED EXP (Any one person)	\$ 5,000		
								PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PROJECT				<input type="checkbox"/>	LOC	PRODUCTS - COMP/OP AGG	\$ 1,000,000
		OTHER:									\$
	<b>AUTOMOBILE LIABILITY</b>							COMBINED SINGLE LIMIT (Ea accident)	\$		
	<input type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person)	\$		
	<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$		
									\$		
	<input type="checkbox"/>	<b>UMBRELLA LIAB</b>	<input type="checkbox"/>	OCCUR				EACH OCCURRENCE	\$		
	<input type="checkbox"/>	<b>EXCESS LIAB</b>	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$		
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$					\$		
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>							PER STATUTE	OTHER \$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	N/A				E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$		
								E.L. DISEASE - POLICY LIMIT	\$		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
3363 UNIVERSITY DR E, BRYAN, TX 77802

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