

EVIDENCE OF PROPERTY INSURANCE

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

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.

AGENCY

PHONE (A/C, No, Ext): 979-691-2534

COMPANY

ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.									
AGENCY	PHONE (A/C, No, Ext): 979-691-2534	C	OMPANY						
Randy Flasowski(353134M)									
1001 University Dr E Ste 105			Mid-Century Insurance Company						
College Station	TX 77840-	-2143							
FAX (A/C, No): 979-691-2608	E-MAIL ADDRESS: rflasowski@farmersagent.com								
CODE:	SUB CODE:								
AGENCY CUSTOMER ID #:									
INSURED			LOAN NUMBER				POLICY NUMBER		
WOOD BROOK OWNERS ASSOCIATION							606747012		
3363 UNIVERSITY DR E			EFFECTIVE DATE EXPIRATION			XPIRATION DA	CONTINUED UNTIL		
# 215			06/01			06/01/2026	X TEF	RMINATED IF CHECKED	
BRYAN	TX 77802	TH	HIS REPLACES PRIOR EVIDENCE DATED:						
PROPERTY INFORMATIO	 N								
LOCATION/DESCRIPTION									
1904 DARTMOUTH ST									
COLLEGE STA								TX 77840	
THE POLICIES OF INSURA	NCE LISTED BELOW HAVE BEEN ISSUED T		ISURED N	JAMED ARG	OVF F	OR THE POI	ICY PERIOD II	NDICATED	
NOTWITHSTANDING ANY	REQUIREMENT, TERM OR CONDITION OF A	ANY CON	ITRACT C	R OTHER I	DOCU	MENT WITH	RESPECT TO	WHICH THIS	
	INSURANCE MAY BE ISSUED OR MAY PER								
	RMS, EXCLUSIONS AND CONDITIONS OF SU				-		EN REDUCED E	3Y PAID CLAIMS.	
COVERAGE INFORMATIO	N PERILS INSURED BASIC) <u> </u>	BROAD	SPECIA	AL /	<u> </u>			
	COVERAGE / PERILS / FORMS						MOUNT OF INSURA		
Building						1	,501,583	25,000	
Business Personal Property						7,	200	25,000	
REMARKS (Including Spe	cial Conditions)								
CANCELLATION									
	BOVE DESCRIBED POLICIES BE CANCELI ANCE WITH THE POLICY PROVISIONS.	LED BEF	ORE THE	EXPIRATI	ION D	ATE THERE	OF, NOTICE W	/ILL BE	
	ANDE WITH THE POLICE PROVISIONS.								
NAME AND ADDRESS			ADDITION	AL INSURED	LE	ENDER'S LOSS I	PAYABLE	LOSS PAYEE	
			MORTGAG		H^{-}			_	
		LO	AN #						
		AU	THORIZED R	EPRESENTAT	ΓIVE				

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