



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/06/2025

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.

PRODUCER Randy Flasowski(353134M) 1001 University Dr E Ste 105 College Station TX 77840-2143		CONTACT NAME:	
		PHONE (A/C, NO, EXT): 979-691-2534	FAX (A/C, NO):
		E-MAIL ADDRESS: rflasowski@farmersagent.com	
		PRODUCER CUSTOMER ID:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED UNIVERSITY PLACE CONDOMINIUM 3363 UNIVERSITY DR E #215 BRYAN TX 77802		INSURER A: Truck Insurance Exchange	21709
		INSURER B: Farmers Insurance Exchange	21652
		INSURER C: Mid Century Insurance Company	21687
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
515 SOUTHWEST PKWY # 529, COLLEGE STA, TX, 77840

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.

POLICY COVERED THE PERILS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE			POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS
C	☐	PROPERTY		605091925	04/05/2025	04/05/2026	☒	BUILDING	\$ 11,971,506
	CAUSES OF LOSS		DEDUCTIBLES				☒	PERSONAL PROPERTY	\$ 10,400
	☐	BASIC	BUILDING				☐	BUSINESS INCOME	\$
	☐	BROAD	10,000				☐	EXTRA EXPENSE	\$
	☒	SPECIAL	CONTENTS				☐	RENTAL VALUE	\$
	☐	EARTHQUAKE	10,000				☐	BLANKET BUILDING	\$
	☐	WIND					☐	BLANKET PERS PROP	\$
	☐	FLOOD					☐	BLANKET BLDG & PP	\$
	☐						☐		\$
	☐						☐		\$
	☐						☐		\$
	☐						☐		\$
	☐	INLAND MARINE	TYPE OF POLICY				☐		\$
	CAUSES OF LOSS						☐		\$
	☐	NAMED PERILS	POLICY NUMBER				☐		\$
	☐						☐		\$
	☐	CRIME					☐		\$
	TYPE OF POLICY						☐		\$
	☐						☐		\$
	☐	BOILER & MACHINERY/ EQUIPMENT BREAKDOWN					☐		\$
	☐						☐		\$
	☐						☐		\$
	☐						☐		\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

ACORD 24 (2016/03)

31-1768 11-15

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/06/2025

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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).

PRODUCER Randy Flasowski(353134M) 1001 University Dr E Ste 105 College Station TX 77840-2143	CONTACT NAME: PHONE (A/C, NO, EXT): 979-691-2534 FAX (A/C, NO): 979-691-2608 E-MAIL ADDRESS: rflasowski@farmersagent.com														
INSURED UNIVERSITY PLACE CONDOMINIUM 3363 UNIVERSITY DR E #215 BRYAN TX 77802	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Truck Insurance Exchange</td><td>21709</td></tr><tr><td>INSURER B: Farmers Insurance Exchange</td><td>21652</td></tr><tr><td>INSURER C: Mid Century Insurance Company</td><td>21687</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Truck Insurance Exchange	21709	INSURER B: Farmers Insurance Exchange	21652	INSURER C: Mid Century Insurance Company	21687	INSURER D:		INSURER E:		INSURER F:	
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INSR LTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:			605091925	04/05/2025	04/05/2026	EACH OCCURRENCE \$ 2,000,000
			DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 75,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 2,000,000				
			GENERAL AGGREGATE \$ 4,000,000				
			PRODUCTS - COMP/OP AGG \$ 2,000,000				
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB 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 Y/N ☐	N/A					PER STATUTE OTHER \$
							E.L. EACH ACCIDENT \$
							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

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AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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