

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/29/2024

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). **PRODUCER** CONTACT NAME: Randy Flasowski(353134M) PHONE FAX 1001 University Dr E Ste 105 (A/C, NO, EXT): 979-691-2534 (A/c, No): 979-691-2608 E-MAIL rflasowski@farmersagent.com College Station ADDRESS: 77840-2143 INSURER(S) AFFORDING COVERAGE NAIC# **INSURED** INSURER A: Truck Insurance Exchange 21709 Farmers Insurance Exchange **INSURER B:** UNIVERSITY PLACE CONDOMINIUMS 21652 INSURER C: Mid Century Insurance Company 3363 UNIVERSITY DR E 21687 INSURER D: #215 **INSURER E:** BRYAN TX 77802 INSURER F: 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 ADDTL SUBR **TYPE OF INSURANCE** POLICY EFF POLICY EXP LTR **POLICY NUMBER** INSD WVD LIMITS (MM/DD/YYYY) (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** 2,000,000 CLAIMS-MADE **OCCUR** DAMAGE TO RENTED PREMISES (Ea Occurrence) 75,000 MED EXP (Any one person) 5,000 C 605091925 04/05/2024 PERSONAL & ADV INJURY 04/05/2025 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** 4,000,000 POLICY PROJECT LOC PRODUCTS - COMP/OP AGG | \$ 2,000,000 OTHER: **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT (Ea accident) **ANY AUTO** BODILY INJURY (Per person) **OWNED AUTOS SCHEDULED** ONLY **AUTOS** BODILY INJURY (Per accident) \$ HIRED AUTOS NON-OWNED PROPERTY DAMAGE ONLY **AUTOS ONLY** (Per accident) **UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE AGGREGATE DED **RETENTION \$** WORKERS COMPENSATION PER AND EMPLOYERS' LIABILITY **OTHER** STATUTE ANY PROPRIETOR/PARTNER/ Y/N E.L. EACH ACCIDENT N/A **EXECUTIVE OFFICER/MEMBER** EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF **OPERATIONS** below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (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 REPRÉSENTATIVE

ACORD 25 (2016/03)

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CERTIFICATE OF DRODEDTY INICIDANICE

DATE (MM/DD/YYYY)

THIS	S CERT	TIFICATE IS ISSUED	AS A MATTER OF I	NEOPMATION ONLY AND CONFEDS	Nonellian	CKII	INSUKANC	<u>, E</u>		5/29/2024
AME	ND, E HORIZ	XTEND OR ALTER	THE COVERAGE AF	NFORMATION ONLY AND CONFERS FORDED BY THE POLICIES BELOW. T R, AND THE CERTIFICATE HOLDER.	THIS CERTIFIC	PON THE CERTIFI ATE OF INSURAN	CE DOES NOT CONSTITUTE	IFICAT E A CO	E DOES NOT AFFIRMATIVE NTRACT BETWEEN THE ISS	LY OR NEGATIVE UING INSURER(
	DUCE			THE THE CENTER OF THE PERSON.		CONTACT				
Ran	dy Fl	lasowski(35313	34M)			NAME:				
		iversity Dr E St				PHONE (A/C, NO, EXT): 979-691-2534 FAX (A/C, NO):				
oll	ege S	Station		TX 77	E-MAIL ADDRESS: rflasowski@farmersagent.com					
				17. 17	840-2143	ADDRESS: rflasowski@farmersagent.com PRODUCER				
						CUSTOMER ID:				
VSL	JRED					INSURER(S) AFFORDING COVERAGE				NAIC
		SITY PLACE (CONDOMINIUM	10		The Control of the Control of Con	Truck Insurance Exch	ange		21709
UNIVERSITY PLACE CONDOMINIUMS 3363 UNIVERSITY DR E						INSURER B: Farmers Insurance Exchange				21652
#215						INSURER C: Mid Century Insurance Company INSURER D:				21687
3R	YAN			TX 7	7802	INSURER E:				
		THE PROPERTY OF THE PROPERTY O				INSURER F: REVISION NUMBER:				
OVE	ERAGE	S		CERTIFICATE NUMBER:						
OCA	TION	OF PREMISES/DE	SCRIPTION OF PRO	PERTY (Attach ACORD 101, Additio	nal Remarks S	chadula if mara			TOMBER.	
15	SOL	JTHWEST PKV	NY # 529,COLL	EGE STA,TX,77840	na Kenia ks 3	chedule, il more	space is required)			
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:QU DLIC	JIREMI CIES DI	ENT, TERM OR CON ESCRIBED HEREIN	IDITION OF ANY CO	ONTRACT OR OTHER DOCUMENT WIT	TH RESPECT TO	WHICH THIS CEI	RTIFICATE MAY BE ISSUED O	OR MA	Y PERTAIN, THE INSURANCE	DING ANY AFFORDED BY T
SR				DOLLE		OCH POLICIES, LIMITS SHOWN MAY HAVE BEE			DUCED BY PAID CLAIMS.	
R	-	TYPE OF INS	SURANCE	POLICY NUMBER		DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	PROPERTY							X	BUILDING	\$11,971,5
	CAL	JSES OF LOSS	DEDUCTIBLES					X	PERSONAL PROPERTY	\$9,900
	-	BASIC	BUILDING 10,000 CONTENTS 10,000				04/05/2025		BUSINESS INCOME	\$
		BROAD							EXTRA EXPENSE	4
С	X	SPECIAL		605091925	04/1	05/2024		H	RENTAL VALUE	*
		EARTHQUAKE				00/2024	04/03/2023		BLANKET BUILDING	\$
		WIND							BLANKET PERS PROP	s
	-	FLOOD							BLANKET BLDG & PP	\$
	\vdash	1100								\$
		10.0 A 0.00 A 0.00 A 0.00		TVDE OF BOLLOW						\$
	CALL	CAUSES OF LOSS		TYPE OF POLICY						5
	CAU					1				\$
		NAMED PERILS		POLICY NUMBER						\$
										\$
		CRIME					482			1
72	TYPE OF POLICY									3
										\$
	T	BOILER & MACHII	NERY/							\$
		EQUIPMENT BREA								\$
			700							3
										\$
C1.5	1.001	IDITIONS (\$
ECIA	LCON	IDITIONS/OTHER	COVERAGES (ACO	RD 101, Additional Remarks Schedu	lle, may be att	ached if more spa	ace is required)			
TIF	ICATE	HOLDER				24412=				
						CANCELLATION				
					S	DATE THEREOF, N	IOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION ATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION			
						AUTHORIZED REP	7	11/	MIL	LICI FROVISION
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