



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/24/2024

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 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 Higginbotham Insurance Agency, Inc. 208 N Bryan Ave., Suite 12 Bryan, TX 77803-3274	PHONE (A/C, No, Ext): 817-349-2240	COMPANY Wesco Insurance Company
License#: 2081754		
FAX (A/C, No): 817-347-6981	E-MAIL ADDRESS: mlane@higginbotham.net	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED Stone Circle Condominiums C/O Beal Properties 3363 University Drive East Bryan TX 77802	LOAN NUMBER	POLICY NUMBER WPP1965862 02
	EFFECTIVE DATE 05/01/2023	EXPIRATION DATE 05/01/2024
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION Location 1 - 2323 De Lee St Building F and G Location 2 - 2411 De Lee St., Bryan TX 77802 Building A - E
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

PERILS INSURED ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

Location 1 - Building 1	419,120	5,000
Building 2	306,800	5,000
Location 2 - Building 1	1,084,262	5,000
Building 2	280,800	5,000
Building 3	696,800	5,000
Building 4	1,084,262	5,000
Building 5	530,400	5,000
Special (including theft)		
Valuation: Replacement Cost		
90% Coinsurance		

REMARKS (Including Special Conditions)

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.

ADDITIONAL INTEREST

NAME AND ADDRESS	ADDITIONAL INSURED <input type="checkbox"/>	LENDER'S LOSS PAYABLE <input type="checkbox"/>	LOSS PAYEE <input type="checkbox"/>
	MORTGAGEE <input type="checkbox"/>		
	LOAN #		
INSURED COPY	AUTHORIZED REPRESENTATIVE 		