

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/19/2023

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).

conditions of the pointy, tortain p									
			CONTACT NAME:						
				PHONE					
				(T): 979-691-2534	(A/c, No): 979-691-2608				
College Station	TX 77840-2143	TX 77840-2143		E-MAIL ADDRESS: rflasowski@farmersagent.com					
Oonogo Otation	170 71040 2140		INSURER(S) AFFORDING COVERAGE			NAIC#			
INSURED				INSURER A: Truck Insurance Exchange					
			INSURER B:	21652					
LAKERIDGE TOWNHOME	ES		INSURER C: Mid Century Insurance Company 21687						
3363 UNIVERSITY DR E			INSURER D:						
#215	TV フフロハ ハ	77802	INSURER E:						
BRYAN	TX 77802		INSURER F:						
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COVERAGES CERTIFICATE 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$	75,000
Α							MED EXP (Any one person)	\$	5,000
				607197142	04/01/2023	04/01/2024	PERSONAL & ADV INJURY	\$	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)	\$	
	ANYAUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTHER	\$	
	ANY PROPRIETOR/PARTNER/ Y/N	N/A					E.L. EACH ACCIDENT	\$	
	EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
p	INDIALIAPANPANALIA/LAARTALIA/LITTE		101 1:					1	
DESCF	RIPTION OF OPERATIONS/LOCATIONS/VEHICLI	ES (ACORE	IUI, Add	iitionai kemarks Schedule, may be	e attached if more spa	ice 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

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 04/19/2023

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PRODUCER		CONTACT				
Randy Flasowski(353134M)		NAME:				
1001 University Dr E Ste 105		PHONE (A/C, NO, EXT): 979-691-2534	FAX (A/C, NO):			
College Station	TX 77840-2143	E-MAIL ADDRESS: rflasowski@farmersagent.com				
		PRODUCER CUSTOMERID:				
		INSURER(S) AFFORDING CO	OVERAGE NAIC#			
INSURED		INSURER A: Truck Insurance Exchange	21709			
LAKERIDGE TOWNHOMES		INSURER B: Farmers Insurance Exchan	ge 21652			
3363 UNIVERSITY DR E		INSURER C: Mid Century Insurance Cor				
#215		INSURER D:				
BRYAN	TX 77802	INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISIO	ON NUMBER:			

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 1198 JONES BUTLER RD, COLLEGE STATION, TX, 77840

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INSR LTR		TYPE OF INS	URANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
		PROPERTY					X	BUILDING	\$32,544,218
	CAUSES OF LOSS DEDUCTIBLES		DEDUCTIBLES				X	PERSONAL PROPERTY	\$53,000
		BASIC	BUILDING					BUSINESS INCOME	\$
		BROAD	50,000	607197142	04/01/2023	04/01/2024		EXTRA EXPENSE	\$
Α	X	SPECIAL	50,000					RENTAL VALUE	\$
		EARTHQUAKE	100,000					BLANKET BUILDING	\$
		WIND						BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
									\$
									\$
		INLAND MARINE		TYPE OF POLICY					\$
	CAUSES OF LOSS								\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
		CRIME							\$
	TYP	E OF POLICY							\$
									\$
	BOILER & MACHINERY/ EQUIPMENT BREAKDOWN							\$	
									\$
									\$
						- 24Pa*PurUS(전) - 180			\$

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

CERTIFICATE HOLDER

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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