



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/17/2018

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).

<b>PRODUCER</b> Randy Flasowski(3527332) 1001 University Dr E Ste 105  College Station TX 77840-2143		<b>CONTACT NAME:</b>	
		PHONE (A/C, NO, EXT): 979-691-2534	FAX (A/C, NO): 979-691-2608
		E-MAIL ADDRESS: rflasowski@farmersagent.com	
<b>INSURED</b> SUTTERS MILL CONDOMINIUM ASSO 903 TEXAS AVE S.  COLLEGE STATION TX 77840		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A: Truck Insurance Exchange	NAIC # 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:

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			605003503	05/01/2018	05/01/2019	EACH OCCURRENCE \$ 2,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 75,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC									PERSONAL & ADV INJURY \$ 2,000,000
	OTHER:						GENERAL AGGREGATE \$ 4,000,000			
							PRODUCTS - COMP/OP AGG \$ 2,000,000			
							\$			
C	<b>AUTOMOBILE LIABILITY</b>			605003503	05/01/2018	05/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$			
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$			
	<input type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$			
							\$			
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$			
	<b>EXCESS LIAB</b>						AGGREGATE \$			
	DED						\$			
	RETENTION \$						\$			
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTHER \$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

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



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
04/17/2018

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<b>PRODUCER</b> Randy Flasowski(3527332) 1001 University Dr E Ste 105  College Station TX 77840-2143	<b>CONTACT NAME:</b>		
	<b>PHONE</b> (A/C, NO, EXT): 979-691-2534	<b>FAX</b> (A/C, NO):	
	<b>E-MAIL ADDRESS:</b> rflasowski@farmersagent.com		
	<b>PRODUCER CUSTOMER ID:</b>		
<b>INSURED</b> SUTTERS MILL CONDOMINIUM ASSO 903 TEXAS AVE S.  COLLEGE STATION TX 77840	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	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)  
**1500 OLYMPIA WAY, COLLEGE STATION, TX, 77840**

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INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
C	<input type="checkbox"/>	PROPERTY	605003503	05/01/2018	05/01/2019	<input checked="" type="checkbox"/> BUILDING	\$7,800,000	
	CAUSES OF LOSS					DEDUCTIBLES	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$1,600
	<input type="checkbox"/>	BASIC				BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/>	BROAD				2,500	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL				2,500	<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/>	EARTHQUAKE				CONTENTS	<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/>	WIND					<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/>	FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
	<b>INLAND MARINE</b>	TYPE OF POLICY				\$		
	CAUSES OF LOSS					\$		
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER			\$		
	<input type="checkbox"/>	CRIME				\$		
	TYPE OF POLICY					\$		
	<input type="checkbox"/>	BOILER & MACHINERY/ EQUIPMENT BREAKDOWN				\$		
						\$		
						\$		
						\$		
						\$		

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

NUMBER OF UNITS: 80

<b>CERTIFICATE HOLDER</b>  	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 