

DATE (MM/DD/YYYY)

	EVIDENCE O			1 1130						9/16/2024		
THIS EVIDENCE OF PROPERTY IN ADDITIONAL INTEREST NAMED BI COVERAGE AFFORDED BY THE P ISSUING INSURER(S), AUTHORIZE	ELOW. THIS EVIDENCE DO OLICIES BELOW. THIS EV D REPRESENTATIVE OR	DES NOT AFF	IRMATIVI	ELY OR NEG CE DOES NO	ATIVEL	Y AMEN STITUTI	ND, EX		R ALTI	ER THE		
AGENCY PHONE (A/C, No, E	κt): 713-778-1884		COMPANY	-	.							
AssuredPartners Houston			P.O. Box	st Insuance C	Company	у						
840 Gessner			Lansing, I									
Suite 700			J ,									
Houston, TX 77024												
FAX E-MAIL (A/C, No): ADDRESS: je	ssi.ross@assuredpartners.c	com										
CODE:	SUB CODE:											
AGENCY CUSTOMER ID #:												
INSURED			LOAN NUMB	ER			Р	OLICY NUM	BER			
Fox Run Condominium Association							S	SUM40020	02224)2224		
110 Navarro Drive, Suite 200 College Station TX 77845		_	EEEEC	TIVE DATE	EVD	IRATION						
				1/2024		9/01/202	25		ERMINA	TED IF CHECKED		
			THIS REPLA	CES PRIOR EVID	ENCE DAT	TED:						
PROPERTY INFORMATION												
LOCATION/DESCRIPTION												
801 Luther St. West College Station, T. 128 Units- 16 Buildings	x 77840											
120 Onits- 10 Dunungs												
THE POLICIES OF INSURANCE LISTE	D BELOW HAVE BEEN ISS	SUED TO THE	INSURED	NAMED ABC				PERIOD		ATED		
NOTWITHSTANDING ANY REQUIREM												
EVIDENCE OF PROPERTY INSURAN												
SUBJECT TO ALL THE TERMS, EXCL	USIONS AND CONDITIONS	S OF SUCH PC	DLICIES. L	IMITS SHOW	/N MAY	HAVE B	EEN R	EDUCED	BY PA	AID CLAIMS.		
COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	X SPECIA	L							
	COVERAGE / PERILS / FO	DRMS					AMOUN	IT OF INSUR	ANCE	DEDUCTIBLE		
Building		-					1,132,			25,000		
5										,		
DEMARKO (In charling On chiel O and	(())											
REMARKS (Including Special Cond Deductibles: \$25,000 All Other Perils; \$3												
Deductibles: \$25,000 All Other Perils, \$												
Flood and Earthquake Excluded												
Property Address: 801 Luther St West L Borrower: Scott Patton	Init 1206, College Station, T	X 77840 Brazo	os County									
Loan #: 21006451												
CANCELLATION												
SHOULD ANY OF THE ABOVE DES			FORE TH	E EXPIRATIO	ON DAT	E THER	EOF,	NOTICE	WILL E	BE		
DELIVERED IN ACCORDANCE WIT	H THE POLICY PROVISIO	N5.										
ADDITIONAL INTEREST												
NAME AND ADDRESS			ADDITIO	NAL INSURED	LEND	DER'S LOS	S PAYAE	BLE	LC	DSS PAYEE		
		>	K MORTGA	GEE								
		L	.OAN #									
	nk/Lender Case #21006451											
ISAOA 500 S. Washington Blvd,	3rd Floor	A	UTHORIZED	REPRESENTATI	VE							
Sarasota, FL 34236			\cap	AN/AN								
			Uman	all, Iba	-							
		,		0.	2015 1		000	ירידאסר	1	ighto recented		
ACORD 27 (2016/03)	The ACORD name		_				UKP	JRATION	N. All I	rights reserved.		

ACORD	

DATE (MM/DD/YYYY)

C B	HIS CERTIFICATE IS ISSUED AS A I SERTIFICATE DOES NOT AFFIRMATI SELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	VEL` URA	Y OR NCE	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALTE	ER THE CO	VERAGE AFFORDED B	e hol Y the	POLICIES			
II If	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).												
PRC	DUCER	o the	cert	ificate holder in lieu of su	CONTA		/						
	suredPartners Houston 0 Gessner							FAX (A/C, No):					
Su	ite 700				É-MAII			partners.com					
Hc	buston TX 77024					INS	URER(S) AFFOR	DING COVERAGE		NAIC #			
INICI	JRED			FOXRUNC-01		RA: Federal				20281			
Fo	x Run Condominium Association					<u>кв: James R</u> кс: General				12203 37362			
	0 Navarro Drive, Suite 200 Illege Station TX 77845							y Lines Insurance Company	,	10172			
00	liege ofation 1X 11040				INSURE				, 	10172			
					INSURE								
			-	NUMBER: 1012428495				REVISION NUMBER:					
۱۱ C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIR	REMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN ED BY	Y CONTRACT	OR OTHER D	DOCUMENT WITH RESPEC	ст то ۱	WHICH THIS			
INSR LTR			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
В	X COMMERCIAL GENERAL LIABILITY	Y	Y	P0000002118		9/1/2024	9/1/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000	,			
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 100,0				
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000 \$ 1,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000				
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	,000			
	OTHER:								\$				
								COMBINED SINGLE LIMIT (Ea accident)	\$				
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$				
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$				
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$				
С	X UMBRELLA LIAB X OCCUR	Y	Y	IXG680437		9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 5,000	,000			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED X RETENTION \$ 0								\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER					
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$				
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE					
A D	Crime			9992-7587		9/1/2024	9/1/2025	E.L. DISEASE - POLICY LIMIT Employee Theft	<u>\$</u> 500,0				
D	Cyber			F16262225-002		9/1/2024	9/1/2025	Aggregate/Occurence	250,0	00			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Loan #: 21005428 Borrower: Jay Clark and Lisa Clark Unit: 801 Luther St W Unit 803 College Station, TX 77840													
CE	RTIFICATE HOLDER				CAN	ELLATION							
	American Momentum Bank its successors and/or assig as their interests may appe 500 S. Washington Blvd, 3			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	Sarasota FL 34236				U	mande V,	(bo						

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ACORD	

DATE (MM/DD/YYYY) 9/16/2024

	THIS CERTIFICATE IS ISSUED AS A N CERTIFICATE DOES NOT AFFIRMATIN								E HOL	-			
В	BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.												
lf	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).												
	DUCER) the	Cent		CONTA		,						
As	suredPartners Houston				NAME: PHONE	Alalilia Be b, Ext): 832-470		FAX					
	0 Gessner uite 700				F-MAII			(A/C, No): partners.com					
	buston TX 77024				ADDRE		000	•		NAIO #			
					INCUDE	RA: Federal				NAIC # 20281			
INSL	URED			FOXRUNC-01		ка: Tederal	-			12203			
	x Run Condominium Association					R c : General				37362			
	0 Navarro Drive, Suite 200 ollege Station TX 77845							Lines Insurance Compan		10172			
	Silege Station TX 17045				INSURE				y	10172			
					INSURE								
со	VERAGES CERT	FIFIC		NUMBER: 1440343730	MOORE			REVISION NUMBER:					
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			HE POL	ICY PERIOD			
С	NDICATED. NOTWITHSTANDING ANY RE(CERTIFICATE MAY BE ISSUED OR MAY P CACLUSIONS AND CONDITIONS OF SUCH F	PERT	AIN, [†]	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBED						
INSR LTR		ADDL	SUBR WVD			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
B	X COMMERCIAL GENERAL LIABILITY	Y	Y	P0000002118		9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 1,000	,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	,			
								MED EXP (Any one person)	\$ 5,000				
								PERSONAL & ADV INJURY	\$ 1,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	,000			
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	,000			
	OTHER:								\$				
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$				
	ANY AUTO							BODILY INJURY (Per person)	\$				
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
									\$				
С	X UMBRELLA LIAB X OCCUR	Y	Y	IXG680437		9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 5,000	,000			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED X RETENTION \$ 0								\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER					
		N/A						E.L. EACH ACCIDENT	\$				
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$				
Α	If yes, describe under DESCRIPTION OF OPERATIONS below			0000 7507		0/4/0004	0/4/0005	E.L. DISEASE - POLICY LIMIT	\$ 500,0	00			
D	Crime Cyber			9992-7587 F16262225-002		9/1/2024 9/1/2024	9/1/2025 9/1/2025	Employee Theft Aggregate/Occurence	250,0				
Pro Boi	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Property Address: 801 Luther St West Unit 1206, College Station, TX 77840 Brazos County Borrower: Scott Patton Loan #: 21006451												
CE	RTIFICATE HOLDER				CANO	ELLATION							
	CANCELLATION 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. American Momentum Bank/Lender Case #21006451 ISAOA 500 S. Washington Blvd, 3rd Floor Sarasota FL 34236 Authorized Representative AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE												
					U	mandi V,	(bb						

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ACORD	

DATE (MM/DD/YYYY)

		n (<i>,</i> ,,,	9/16/2024								
THIS EVIDENCE OF COMMERCIAL 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.												
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, Ext): 832-476-8026				COMPANY NAME AND ADDRESS NAIC NO: 10713								
CONTACT PERSON AND ADDRESS (A/C, No, Ext): 032-470-0020 AssuredPartners Houston				10/13								
840 Gessner				Third Coast Insuance Company P.O. Box 40790								
Suite 700				Lansing, MI 48901								
Houston, TX 77024												
FAX (A/C, No): E-MAIL ADDRESS: alanna.begg@assuredpart	ners	.con	n	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH								
CODE: SUB CODE:				POLICY TYPE								
AGENCY CUSTOMER ID #:												
NAMED INSURED AND ADDRESS				LOAN NUMBER POLICY NUMBER								
Fox Run Condominium Association 110 Navarro Drive. Suite 200				SUM400202224								
College Station TX 77845				EFFECTIVE DATE EXPIRATION DATE								
				09/01/2024 09/01/2025 CONTINUED UNTIL TERMINATED IF CHECKED								
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDENCE DATED:								
PROPERTY INFORMATION (ACORD 101 may be attached if	mo	ree		is required) 🛛 BUILDING OR 🗆 BUSINESS PERSONAL PROPERTY								
PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) Image: Display blue blue blue blue blue blue blue blue												
OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	PAI	D CL	AIMS	· · · · · · · · · · · · · · · · · · ·								
COVERAGE INFORMATION PERILS INSURED	BA	SIC		BROAD X SPECIAL								
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$2	21,13	35,26	0	DED:25,000								
	YES	S NO	N/A									
BUSINESS INCOME RENTAL VALUE			X	If YES, LIMIT: Actual Loss Sustained; # of months:								
BLANKET COVERAGE			Х	If YES, indicate value(s) reported on property identified above: \$								
TERRORISM COVERAGE		Х		Attach Disclosure Notice / DEC								
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	X											
IS DOMESTIC TERRORISM EXCLUDED?	X											
LIMITED FUNGUS COVERAGE	X			If YES, LIMIT:5,000 DED:								
FUNGUS EXCLUSION (If "YES", specify organization's form used)	X			Physical loss or Physical Damage Wording LMA3030								
REPLACEMENT COST	X											
AGREED VALUE			X									
COINSURANCE			X	If YES, %								
EQUIPMENT BREAKDOWN (If Applicable)			X	If YES, LIMIT: DED:								
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X		If YES, LIMIT: DED:								
- Demolition Costs	X			If YES, LIMIT: 1,000,000 DED:								
- Incr. Cost of Construction	X			If YES, LIMIT: 1,000,000 DED:								
EARTH MOVEMENT (If Applicable)	+	X		If YES, LIMIT: DED:								
FLOOD (If Applicable)		X		If YES, LIMIT: DED:								
WIND / HAIL INCL X YES NO Subject to Different Provisions:	x	+		If YES, LIMIT: DED:300,000								
NAMED STORM INCL YES X NO Subject to Different Provisions:	-	-	x	If YES, LIMIT: DED:								
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE	+		X									
CANCELLATION	D-	~ * *		LED DEFODE THE EVOLDATION DATE THEREOF NOTICE WILL BE								
DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION				LED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE								
ADDITIONAL INTEREST												
	S PA	YEE		LENDER SERVICING AGENT NAME AND ADDRESS								
NAME AND ADDRESS												
American Momentum Bank/Lender												
its successors and/or assigns as their interests may appear				AUTHORIZED REPRESENTATIVE								
500 S. Washington Blvd, 3rd Floor				<u>^</u>								
Sarasota, FL 34236				amarch V, Cha								
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				S LUIS LUIS AGOID COM CRAHOM. AITISING 16361 VEL.								

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AGENCY CUSTOMER ID: ______ LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners Houston	NAMED INSURED Fox Run Condominium Association 110 Navarro Drive, Suite 200				
POLICY NUMBER SUM400202224	College Station TX 77845				
CARRIER	NAIC CODE 10713				
Third Coast Insuance Company	EFFECTIVE DATE: 09/01/2024				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

REMARKS:

Loan #: 21005428 Borrower: Jay Clark and Lisa Clark Unit: 801 Luther St W Unit 803 College Station, TX 77840

ACORD	

DATE (MM/DD/YYYY) 9/16/2024

CE BE RE	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.											
lf	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).											
	DUCER	- 110	0011		CONTA NAME:		/					
	suredPartners Houston							FAX (A/C, No):				
) Gessner te 700				E-MAIL	<u>ss. alanna h</u>		partners.com				
	uston TX 77024				ADDRE			DING COVERAGE		NAIC #		
							Insurance Co			20281		
INSU	RED			FOXRUNC-01			River Insurance			12203		
Fox	Run Condominium Association											
) Navarro Drive, Suite 200						Star Indemni	•		37362		
Col	llege Station TX 77845						ster Surplus	Lines Insurance Company		10172		
					INSURE							
<u> </u>			× TF		INSURE	RF:						
	VERAGES CERT HIS IS TO CERTIFY THAT THE POLICIES			NUMBER: 1518471889				REVISION NUMBER:				
INI CE EX	DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P KCLUSIONS AND CONDITIONS OF SUCH P	QUIR PERT POLIC	emei Ain, Cies.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	of an' Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	т то и	VHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
В	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	Y	P0000002118		9/1/2024	9/1/2025	DAMAGE TO RENTED	<u>\$ 1,000,</u> \$ 100,00			
								MED EXP (Any one person)	\$ 5,000			
								PERSONAL & ADV INJURY	\$ 1,000,	000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,	000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,	000		
	OTHER:							:	\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO								\$			
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONLY AUTOS ONLY							· · · · · · · · · · · · · · · · · · ·	\$			
С	X UMBRELLA LIAB X OCCUR	Y	Y	IXG680437		9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 5,000,	000		
	EXCESS LIAB CLAIMS-MADE								<u>\$ 0,000,</u> \$			
	DED X RETENTION \$ 0								ջ Տ			
	WORKERS COMPENSATION							PER OTH- STATUTE ER	φ			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								\$			
	OFFICER/MEMBER EXCLUDED?	N/A										
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE				
Δ	DÉSCRIPTION OF OPERATIONS below			9992-7587		9/1/2024	9/1/2025	E.L. DISEASE - POLICY LIMIT S Employee Theft	<u>\$</u> 500.00	00		
Ô	Cyber			F16262225-002		9/1/2024 9/1/2024	9/1/2025 9/1/2025	Aggregate/Occurence	250,00			
DESC		FS /4	000	101 Additional Pomarke Schodul	la may h	a attached if mor	e snace is roowing	ad)				
Bori Loa	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Borrower: Craig Wilder & Catherine Wilder 801 Luther St W Unit 1108 College Station, TX 77840 Loan #: 12678631 Total Units: 128											
CFF					CANO	ELLATION						
	CERTIFICATE HOLDER CANCELLATION AmeriSave Mortgage Corporation SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE AmeriSave Mortgage Corporation ISAOA/ATIMA 3525 Piedmont Rd NE AUTHORIZED REPRESENTATIVE 8 Piedmont Center, Suite 600 AUTHORIZED REPRESENTATIVE											
	Atlanta GA 30305				U	mande V,	Upo-					
	1					© 19	88-2015 AC	ORD CORPORATION. A	Il riah	ts reserved.		

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DATE (MM/DD/YYYY) 9/16/2024

C B	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIN BELOW. THIS CERTIFICATE OF INSU DEEDRESENTATIVE OF DEDDUICED AN	/ELY (JRANC	OR CE I	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALTI	ER THE CO	VERAGE AFFORDED B	e hol Y the	POLICIES			
II If	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												
	ssuredPartners Houston	5-8026	FAX (A/C, No):										
	l0 Gessner uite 700				É-MAII			partners.com					
	ouston TX 77024				ADDIL		000	DING COVERAGE		NAIC #			
					INSURF		Insurance Co			20281			
INSU	URED			FOXRUNC-01			liver Insuranc			12203			
	ox Run Condominium Association						Star Indemnit			37362			
	0 Navarro Drive, Suite 200 ollege Station TX 77845							Lines Insurance Company	,	10172			
					INSURE								
					INSURE								
co	OVERAGES CERT	IFICA	TE	NUMBER: 694202564	INCONC			REVISION NUMBER:					
	THIS IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO			HE POL	ICY PERIOD			
C	NDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH P	POLICIE	N, TI ES. L	HE INSURANCE AFFORDE	D BY	THE POLICIE	S DESCRIBED						
INSR LTR	TYPE OF INSURANCE	ADDL SU	JBR VD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
В	X COMMERCIAL GENERAL LIABILITY			P0000002118		9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 1,000	,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00			
								MED EXP (Any one person)	\$ 5,000				
								PERSONAL & ADV INJURY	\$ 1,000	,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000				
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	,			
	OTHER:								\$,000			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$				
	ANY AUTO							BODILY INJURY (Per person)	\$				
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$				
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$				
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$				
С	X UMBRELLA LIAB X OCCUR	Y	Y	IXG680437		9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 5,000	000			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$,000			
	DED X RETENTION \$ 0							AGOREGATE	\$				
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ				
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE	-				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ \$				
A	Crime			9992-7587		9/1/2024	9/1/2025	Employee Theft	500,0				
D	Cyber			F16262225-002		9/1/2024	9/1/2025	Aggregate/Occurence	250,0				
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (ACO	ORD 1	01, Additional Remarks Schedul	e, may be	e attached if more	e space is require	ed)					
	prrower- David Gorsich 1 Luther St W 1603 College Station, TX 7	7840											
CE	RTIFICATE HOLDER				CANC	ELLATION							
	Bank of America NA ISAOA/ATIMA				SHO THE	ULD ANY OF - EXPIRATION	I DATE THE	ESCRIBED POLICIES BE C/ EREOF, NOTICE WILL E Y PROVISIONS.					
	PO BOX 961291 FT Worth TX 76161				\cap	rized represe Manal V,	A A						

The ACORD name and logo are registered marks of ACORD

ACORD	

DATE (MM/DD/YYYY)

								9/16/2024		
THIS EVIDENCE OF COMMERCIAL UPON THE ADDITIONAL INTEREST THE COVERAGE AFFORDED BY TH THE ISSUING INSURER(S), AUTHOR	NAMED BELOW. THIS E	VIDE THIS	ENC EV	e do Idei	DES NOT AFFIRMATIVE	LY OR NEGATIVI	ELY A	MEND, EXTEND OR ALTER		
	832-476-8026			550	COMPANY NAME AND ADDRI			NAIC NO: 10713		
CONTACT PERSON AND ADDRESS (Á/Č, No, Ext): AssuredPartners Houston	832-476-8026				-			NAIC NO. 10713		
840 Gessner					Third Coast Insuance C P.O. Box 40790	ompany				
Suite 700					Lansing, MI 48901					
Houston, TX 77024										
FAX (A/C, No): E-MAIL ADDRESS: al	anna.begg@assuredpartr	hers	com		IF MULTIPLE (OMPANIES, COMPLET	E SEPA	ARATE FORM FOR EACH		
	SUB CODE:	1010.	.0011		POLICY TYPE					
AGENCY CUSTOMER ID #:					_					
NAMED INSURED AND ADDRESS					LOAN NUMBER		PO	LICY NUMBER		
Fox Run Condominium Association 110 Navarro Drive, Suite 200					102035200	102035200 SUM40020222				
College Station TX 77845					EFFECTIVE DATE	EXPIRATION DATE		CONTINUED UNTIL		
					09/01/2024	09/01/2025		TERMINATED IF CHECKED		
ADDITIONAL NAMED INSURED(S)					THIS REPLACES PRIOR EVID	ENCE DATED:				
PROPERTY INFORMATION (ACORD	101 may be attached if	mor	re sp	bace	is required) 🖾 BUILI	DING OR 🗆 BU	SINE	SS PERSONAL PROPERTY		
LOCATION / DESCRIPTION 801 Luther St. West College Station, TX 128 Units - 16 Buildings	77840									
THE POLICIES OF INSURANCE LISTED BE ANY REQUIREMENT, TERM OR CONDITIO BE ISSUED OR MAY PERTAIN, THE INSUR OF SUCH POLICIES. LIMITS SHOWN MAY	N OF ANY CONTRACT OR (ANCE AFFORDED BY THE	othi Poli	ER D		MENT WITH RESPECT TO SCRIBED HEREIN IS SUBJE	WHICH THIS EVIDE	NCE C	OF PROPERTY INSURANCE MAY		
COVERAGE INFORMATION	PERILS INSURED	BA	SIC		BROAD X SPECIA	1				
COMMERCIAL PROPERTY COVERAGE AMO			5,26	0			[DED:25,000		
		YES	NO	N/A						
BUSINESS INCOME RENTAL VALUE				Х	If YES, LIMIT: Actual Loss Sustained; # of months:					
BLANKET COVERAGE				Х	If YES, indicate value(s) reported on property identified above: \$					
TERRORISM COVERAGE			Х		Attach Disclosure Notice / D	EC				
IS THERE A TERRORISM-SPECIFIC EXC	LUSION?	Х								
IS DOMESTIC TERRORISM EXCLUDED?		Х								
LIMITED FUNGUS COVERAGE		Х			If YES, LIMIT: 5,000			DED:		
FUNGUS EXCLUSION (If "YES", specify organi	zation's form used)	Х			Physical loss or Physical Da	mage Wording LMA3	030			
REPLACEMENT COST		Х								
AGREED VALUE				Х						
COINSURANCE				Х	If YES, %					
EQUIPMENT BREAKDOWN (If Applicable)				Х				DED:		
ORDINANCE OR LAW - Coverage for loss to u	undamaged portion of bldg		X		If YES, LIMIT:			DED:		
- Demolition Costs		X			If YES, LIMIT: 1,000,000			DED:		
- Incr. Cost of Construct	ction	X			If YES, LIMIT: 1,000,000			DED:		
EARTH MOVEMENT (If Applicable)			X		If YES, LIMIT:			DED:		
	biost to Different D		Х		If YES, LIMIT:			DED:		
	ibject to Different Provisions:	X			If YES, LIMIT:			DED:300,000		
NAMED STORM INCL YES X NO SU PERMISSION TO WAIVE SUBROGATION IN F	bject to Different Provisions:	<u> </u>		X	If YES, LIMIT:			DED:		
HOLDER PRIOR TO LOSS				Х						
CANCELLATION										
SHOULD ANY OF THE ABOVE DI DELIVERED IN ACCORDANCE WITH				ICEL	LED BEFORE THE EX	(PIRATION DAT	E TH	EREOF, NOTICE WILL BE		
ADDITIONAL INTEREST										
	OSS PAYABLE	S PAY	ΈE		LENDER SERVICING AGENT N	AME AND ADDRESS				
X MORTGAGEE										
NAME AND ADDRESS										
Bank of America NA										
ISAOA/ATIMA					AUTHORIZED REPRESENTATIO	/E				
PO BOX 961291 FT Worth, TX 76161						<u>^</u>	١			
,						Amande V, C	6			
					© 2003-2	2015 ACORD CO	RPO	RATION. All rights reserved.		

AGENCY CUSTOMER ID: ______



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners Houston		NAMED INSURED Fox Run Condominium Association 110 Navarro Drive, Suite 200
POLICY NUMBER SUM400202224	College Station TX 77845	
CARRIER	NAIC CODE	
Third Coast Insuance Company	10713	effective date: 09/01/2024

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

REMARKS:

Borrower- David Gorsich 801 Luther St W 1603 College Station, TX 77840

ACORD	

DATE (MM/DD/YYYY) 9/16/2024

C B	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIN BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	VEL` URA	Y OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED B	E HOL	POLICIES		
lf	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject : his certificate does not confer rights to	to th	ne tei	rms and conditions of th	e polic	y, certain po	olicies may r					
	DUCER				CONTA NAME:		/					
	suredPartners Houston					p, Ext): 832-47	99 6-8026	FAX				
	0 Gessner lite 700				E-MAIL	$\frac{1}{2}$ $\frac{1}$		(A/C, No):				
	buston TX 77024				E-MAIL ADDRESS: alanna.begg@assuredpartners.com INSURER(S) AFFORDING COVERAGE NAIC #							
INCI	URED			FOXRUNC-01						20281		
	x Run Condominium Association						River Insuranc			12203		
	0 Navarro Drive, Suite 200						Star Indemni	•		37362		
Co	ollege Station TX 77845				INSURE	RD: Westche	ester Surplus	Lines Insurance Company	/	10172		
					INSURE	RE:						
					INSURE	RF:				L		
			-	NUMBER: 541641718				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY F CXCLUSIONS AND CONDITIONS OF SUCH F		EME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	of an' Ed by	Y CONTRACT	OR OTHER D	DOCUMENT WITH RESPEC	ст то у	WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
B	X COMMERCIAL GENERAL LIABILITY	Y	Y	P0000002118		9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 1,000	.000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0			
								MED EXP (Any one person)	\$ 5,000			
								PERSONAL & ADV INJURY	\$ 1,000			
									\$ 2,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		,		
								PRODUCTS - COMP/OP AGG	\$2,000 \$,000		
	OTHER:							COMBINED SINGLE LIMIT (Ea accident)	\$			
								(Ea accident) BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$ \$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	э \$			
С	X UMBRELLA LIAB X OCCUR	Y	Y	IXG680437		9/1/2024	9/1/2025		•			
U		T	T	1///////		9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 5,000	,000		
	CLAINIS-WADE							AGGREGATE	\$			
	DED X RETENTION \$ 0							PER OTH-	\$			
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER				
		N / A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
A D	Crime Cyber			9992-7587 F16262225-002		9/1/2024 9/1/2024	9/1/2025 9/1/2025	Employee Theft Aggregate/Occurence	500,0 250,0			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may b	e attached if more	e space is require	ed)				
Boi Pro	rrower Name: Quang Lee Duong operty Address: 801 Luther St W Condo 2	203,	Colle	ege Station, TX 77840								
LO	AN # 1000012773											
05					C A 1/2							
υE						ELLATION						
Broker Solutions, Inc. dba New American Funding ISAOA PO Box 5071					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Troy MI 48007-5071				amander V, Com							

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ACORD	

DATE (MM/DD/YYYY) 9/16/2024

REPRESENTATIVE OR PRODUCER, A IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights to PRODUCER	is an to th	ADD	ITIONAL INSURED, the p								
					policies may						
				CONTACT NAME: Alanna	Begg						
AssuredPartners Houston 840 Gessner				PHONE (A/C, No, Ext): 832		FAX (A/C, No):					
Suite 700				E-MAIL ADDRESS: alann		edpartners.com					
Houston TX 77024				INSURER(S) AFFORDING COVERAGE NAIC #							
				INSURER A : Federal Insurance Company							
INSURED			FOXRUNC-01	INSURER B : Jame	s River Insurar	nce Company		12203			
Fox Run Condominium Association 110 Navarro Drive, Suite 200				INSURER C : Gene	ral Star Indemi	nity		37362			
College Station TX 77845				INSURER D : West	chester Surplus	s Lines Insurance Company		10172			
-				INSURER E :							
				INSURER F :							
COVERAGES CER	TIFIC	CATE	NUMBER: 1575769624			REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES											
INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN, [•]	THE INSURANCE AFFORD	ED BY THE POLI	CIES DESCRIBI	ED HEREIN IS SUBJECT TO					
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EI (MM/DD/YY	F POLICY EXP Y) (MM/DD/YYY)) LIMIT:	s				
B X COMMERCIAL GENERAL LIABILITY	Y	Y	P0000002118	9/1/2024		EACH OCCURRENCE	\$ 1,000	,000			
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0				
						MED EXP (Any one person)	\$ 5,000				
						PERSONAL & ADV INJURY	\$ 1,000	,000			
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000	,000			
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000 \$,000			
						COMBINED SINGLE LIMIT	\$				
						(Ea accident) BODILY INJURY (Per person)					
OWNED SCHEDULED						BODILY INJURY (Per accident)	\$\$				
AUTOS ONLY AUTOS HIRED NON-OWNED						PROPERTY DAMAGE	э \$				
AUTOS ONLY AUTOS ONLY						(Per accident)	\$ \$				
C X UMBRELLA LIAB X OCCUR	Y	Y	120690427	0/1/202/	0/1/2025		•	202			
		T	IXG680437	9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 5,000	,000			
CLAIMS-MADE	-					AGGREGATE	\$				
DED X RETENTION \$ 0						PER OTH-	\$				
AND EMPLOYERS' LIABILITY Y / N						PER OTH- STATUTE ER					
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$				
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE					
DÉSCRIPTION OF OPERATIONS below			9992-7587	9/1/2024	0/4/0005	E.L. DISEASE - POLICY LIMIT Employee Theft	<u>\$</u> 500,0	00			
D Cyber			9992-7387 F16262225-002	9/1/2024		Aggregate/Occurence	250,0				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC LOCATION: 801 Luther St W Unit 302 COI UNIT OWNER NAME: BRET R. CONRAD Loan #9787526541	LEG	E ST/	ATION, Texas 77840	e, may be attached if	nore space is requ	ired)					
CERTIFICATE HOLDER				CANCELLATIO	N						
Caliber Home Loans, Inc. ISAOA ATIMA P.O. Box 7731 Springfield OH 45501-773	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										

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DATE (MM/DD/YYYY) 9/16/2024

C B	HIS CERTIFICATE IS ISSUED AS A M ERTIFICATE DOES NOT AFFIRMATIN ELOW. THIS CERTIFICATE OF INSU EPRESENTATIVE OR PRODUCER, AN	VEL) URA	(OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED B	Y THE	POLICIES		
11	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject	s an	ADD	ITIONAL INSURED, the p								
	his certificate does not confer rights to							equire all endorsement	. A 50			
	DUCER				CONTA NAME:							
	suredPartners Houston			00	FAX (A/C, No):							
	0 Gessner ite 700				É-MAII							
	ouston TX 77024				ADDRESS: alanna.begg@assuredpartners.com INSURER(S) AFFORDING COVERAGE NAIC #							
					INSURF		Insurance Co			20281		
INSU	JRED			FOXRUNC-01			River Insuranc			12203		
	x Run Condominium Association				INSURE	R c : General	Star Indemni	ty		37362		
	0 Navarro Drive, Suite 200 Ilege Station TX 77845							Lines Insurance Company	,	10172		
					INSURE	RE:	I					
					INSURE							
со	VERAGES CER	TIFIC	ATE	NUMBER: 1087876170				REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES											
С	NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	PERT	AIN, [†]	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBED					
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
В	X COMMERCIAL GENERAL LIABILITY	Y	Y	P0000002118		9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 1,000	,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00		
								MED EXP (Any one person)	\$ 5,000	1		
								PERSONAL & ADV INJURY	\$ 1,000	,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000 \$	\$ 2,000,000 \$		
	OTHER:							COMBINED SINGLE LIMIT	\$			
								(Ea accident) BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED							BODILY INJURY (Per accident)				
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE \$				
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
С	X UMBRELLA LIAB X OCCUR	Y	Y	IXG680437		9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 5,000	000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 0,000	,000		
	DED X RETENTION \$ 0							AGGREGATE	\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	-			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	Crime			9992-7587		9/1/2024	9/1/2025	Employee Theft	500,0			
D	Cyber			F16262225-002		9/1/2024	9/1/2025	Aggregate/Occurence	250,0	00		
DFS	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS /^	COPD	101. Additional Remarks School	le, may by	attached if more	a space is require	ed)				
		L3 (A	CORD	To I, Additional Remarks Schedu	ie, may be		e space is require	su)				
	an #95004728 rrower: Jeff Kenneth Rhodes											
	it: 801 Luther St W Unit 1305, College St	ation	, TX	77840								
	2											
~-					0.4.1.0							
CE	RTIFICATE HOLDER					ELLATION						
	City Bank Mortgage ISAOA 6112 43rd St., Ste 300	/ATI	MA		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Lubbock TX 79407				\cap	RIZED REPRESE						
					()	mandi V	(h)					
					amander V, Com							

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DATE (MM/DD/YYYY)

	EVIDENCE OF PRO		JUNA			9/16/2024
ADDITIONAL INTEREST NAMED COVERAGE AFFORDED BY THE ISSUING INSURER(S), AUTHORIZ	INSURANCE IS ISSUED AS A MATTER O BELOW. THIS EVIDENCE DOES NOT AF POLICIES BELOW. THIS EVIDENCE OF ZED REPRESENTATIVE OR PRODUCER	FIRMATIVELY OF	R NEGATIVEL	Y AMEND, E STITUTE A (EXTEND OR A	ALTER THE
AGENCY PHONE	, Ext): 713-778-1884	COMPANY	_			
AssuredPartners Houston 840 Gessner Suite 700 Houston, TX 77024	, <u>exi</u> , fio fio fio f	Third Coast Insu P.O. Box 40790 Lansing, MI 4890	•	y		
FAX E-MAIL	jessi.ross@assuredpartners.com	-				
		-				
CODE:	SUB CODE:	_				
AGENCY CUSTOMER ID #:						
INSURED Fox Run Condominium Association		LOAN NUMBER			POLICY NUMBE	
110 Navarro Drive, Suite 200					SUM400202	224
College Station TX 77845		EFFECTIVE DAT	E EXP	IRATION DATE	CON	ITINUED UNTIL
		09/01/2024	0	9/01/2025		MINATED IF CHECKED
		THIS REPLACES PRIC	OR EVIDENCE DAT	TED:		
PROPERTY INFORMATION						
LOCATION/DESCRIPTION 801 Luther St. West College Station, 128 Units- 16 Buildings						
NOTWITHSTANDING ANY REQUIR EVIDENCE OF PROPERTY INSURA	TED BELOW HAVE BEEN ISSUED TO TH EMENT, TERM OR CONDITION OF ANY C INCE MAY BE ISSUED OR MAY PERTAIN, CLUSIONS AND CONDITIONS OF SUCH F	CONTRACT OR OT	HER DOCUME AFFORDED E	ENT WITH RI BY THE POLI	ESPECT TO V CIES DESCRI	WHICH THIS IBED HEREIN IS
COVERAGE INFORMATION	PERILS INSURED BASIC	BROAD X	SPECIAL			
	COVERAGE / PERILS / FORMS			AMO	UNT OF INSURAN	ICE DEDUCTIBLE
Building REMARKS (Including Special Con	nditions)			21,13:	2,700	25,000
Deductibles: \$25,000 All Other Perils;						
Flood and Earthquake Excluded						
CANCELLATION						
DELIVERED IN ACCORDANCE W	ESCRIBED POLICIES BE CANCELLED E /ITH THE POLICY PROVISIONS.	BEFORE THE EXP	IRATION DAT	E THEREOF	, NOTICE WI	ILL BE
ADDITIONAL INTEREST	· · · · · · · · · · · · · · · · · · ·	1				
NAME AND ADDRESS		ADDITIONAL INSU X MORTGAGEE		DER'S LOSS PAY	ABLE	LOSS PAYEE
Community Bank of Te 3498 E Sam Houston F Pasadena, TX 77505	xas, N.A. kwy	AUTHORIZED REPRES				
			1002 2045 44			All rights reconvert
ACORD 27 (2016/03)		C	1993-2015 AC	JOKD CORE	OKATION.	All rights reserved.

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ACORD	

DATE (MM/DD/YYYY)

L

				<i></i>				9/16/2024			
THIS EVIDENCE OF COMMERCIAI UPON THE ADDITIONAL INTEREST THE COVERAGE AFFORDED BY T THE ISSUING INSURER(S), AUTHO	NAMED BELOW. THIS E THE POLICIES BELOW. T RIZED REPRESENTATIVE	VIDI	ENC S EV	E D	DES NOT AFFIRMATIVELY OR NE NCE OF INSURANCE DOES NOT	EGATIVEL CONSTIT	Y AMEND,	EXTEND OR ALTER			
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, E)	(t): 832-476-8026				COMPANY NAME AND ADDRESS		NAIC	: NO : 10713			
AssuredPartners Houston	(). ••= ··· • ••=•				Third Coast Insuance Company						
840 Gessner					P.O. Box 40790						
Suite 700 Houston, TX 77024					Lansing, MI 48901						
FAX E-MAIL (A/C, No): ADDRESS:	alanna.begg@assuredpartr				IF MULTIPLE COMPANIES,						
		leis	.con	1	POLICY TYPE						
CODE: AGENCY	SUB CODE:										
AGENCY CUSTOMER ID #: NAMED INSURED AND ADDRESS					LOAN NUMBER		POLICY NUME	DED			
Fox Run Condominium Association					LOAN NUMBER						
110 Navarro Drive, Suite 200 College Station TX 77845							SUM40020)2224			
					EFFECTIVE DATE EXPIRATIO						
						01/2025		RMINATED IF CHECKED			
ADDITIONAL NAMED INSURED(S)					THIS REPLACES PRIOR EVIDENCE DATE):					
PROPERTY INFORMATION (ACOR	D 101 may be attached if	mo	re sr	bace	is required) 🖾 BUILDING OF			SONAL PROPERTY			
LOCATION / DESCRIPTION 801 Luther St. West College Station, TX 128 Units - 16 Buildings	2				·····						
THE POLICIES OF INSURANCE LISTED ANY REQUIREMENT, TERM OR CONDITI BE ISSUED OR MAY PERTAIN, THE INSU OF SUCH POLICIES. LIMITS SHOWN MA	ON OF ANY CONTRACT OR (RANCE AFFORDED BY THE	OTH POL	er d Icies	OCL S DE	MENT WITH RESPECT TO WHICH TH SCRIBED HEREIN IS SUBJECT TO AL	IS EVIDENC	CE OF PROP	ERTY INSURANCE MAY			
COVERAGE INFORMATION	PERILS INSURED	BA	SIC		BROAD X SPECIAL						
COMMERCIAL PROPERTY COVERAGE AM	IOUNT OF INSURANCE: \$2	21,13	35,26	0			DED:25,0	00			
		YES	NO	N/A							
BUSINESS INCOME RENTAL VAL	UE			Х	If YES, LIMIT: Actual Loss Sustained; # of months:						
BLANKET COVERAGE				Х	If YES, indicate value(s) reported on pro	perty identifi	ied above: \$				
TERRORISM COVERAGE			Х		Attach Disclosure Notice / DEC						
IS THERE A TERRORISM-SPECIFIC EX	(CLUSION?	X									
IS DOMESTIC TERRORISM EXCLUDED)?	X									
LIMITED FUNGUS COVERAGE		X			If YES, LIMIT: 5.000		DED:				
FUNGUS EXCLUSION (If "YES", specify orga	inization's form used)	Х			Physical loss or Physical Damage Word	ling MA303	30				
REPLACEMENT COST		X			, , , , ,	5					
AGREED VALUE				X							
COINSURANCE				x	If YES, %						
EQUIPMENT BREAKDOWN (If Applicable)				X	If YES, LIMIT:		DED:				
ORDINANCE OR LAW - Coverage for loss to	o undamaged portion of bldg		x		If YES, LIMIT:		DED:				
- Demolition Costs		X	\uparrow		If YES, LIMIT: 1,000,000		DED:				
- Incr. Cost of Constr	ruction	X	\vdash	-	If YES, LIMIT: 1,000,000		DED:				
EARTH MOVEMENT (If Applicable)		\uparrow	x		If YES, LIMIT: 1,000,000		DED:				
FLOOD (If Applicable)		-	X		If YES, LIMIT:		DED:				
	Subject to Different Provisions:	x	<u> </u>	-	· · · · · · · · · · · · · · · · · · ·						
	Subject to Different Provisions:	 ^	-		IFYES, LIMIT:			300,000			
PERMISSION TO WAIVE SUBROGATION IN				X X	If YES, LIMIT:		DED:				
		L	1	L							
CANCELLATION SHOULD ANY OF THE ABOVE I				ICEI	LED BEFORE THE EXPIRATIO	N DATE	THEREOF,	NOTICE WILL BE			
DELIVERED IN ACCORDANCE WIT		NS.									
ADDITIONAL INTEREST											
		S PA	YEE		LENDER SERVICING AGENT NAME AND AD	DRESS					
X MORTGAGEE											
NAME AND ADDRESS											
Community Bank of Texas 3498 E Sam Houston Pkw	s, N.A.				AUTHORIZED REPRESENTATIVE						
Pasadena, TX 77505	y										
					(ama)	ndi V, Cbo-					
L								. All rights reserved.			



DATE (MM/DD/YYYY)

				9/16/2024
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT A COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE O ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCES	FFIRMATIVELY OR NEGA F INSURANCE DOES NOT	TIVELY AMEND, I CONSTITUTE A	EXTEND OR AL	TER THE
AGENCY PHONE (A/C, No, Ext): 713-778-1884	COMPANY			
	Third Coast Insuance Co	mpany		
AssuredPartners Houston	P.O. Box 40790			
840 Gessner	Lansing, MI 48901			
Suite 700 Houston, TX 77024				
FAX (A/C, No): E-MAIL ADDRESS: jessi.ross@assuredpartners.com				
CODE: SUB CODE:				
	-			
AGENCY CUSTOMER ID #:				
INSURED	LOAN NUMBER		POLICY NUMBER	
Fox Run Condominium Association 110 Navarro Drive. Suite 200			SUM400202224	1
College Station TX 77845	EFFECTIVE DATE	EXPIRATION DATE		
				UED UNTIL
	09/01/2024	09/01/2025	TERMIN	ATED IF CHECKED
	THIS REPLACES PRIOR EVIDEN	CE DATED:		
PROPERTY INFORMATION				
LOCATION/DESCRIPTION 801 Luther St. West College Station, TX 77840 128 Units- 16 Buildings				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO TH NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH	CONTRACT OR OTHER DO , THE INSURANCE AFFORI	CUMENT WITH R DED BY THE POLI	ESPECT TO WH CIES DESCRIBE	ICH THIS D HEREIN IS
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD X SPECIAL			
COVERAGE / PERILS / FORMS		4MO	UNT OF INSURANCE	DEDUCTIBLE
Building		21,13		25,000
REMARKS (Including Special Conditions)				
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail				
ideuucudies. (23,000 Ali Olitei retiis, (300,000 Witiu/Adii				
Flood and Earthquake Excluded				
CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	BEFORE THE EXPIRATION	N DATE THEREO	F, NOTICE WILL	BE
		I		1
NAME AND ADDRESS	ADDITIONAL INSURED	LENDER'S LOSS PAY	YABLE	LOSS PAYEE
	MORTGAGEE			
	LOAN #			
*** For Information Purposes Only ***				
	AUTHORIZED REPRESENTATIVE			
	0			
	AUTHORIZED REPRESENTATIVE			

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DATE (MM/DD/YYYY)

	EVIDENCEC		FERI	1 1130	UNAI	NCE		9/16/2024
THIS EVIDENCE OF PROPERTY ADDITIONAL INTEREST NAMED COVERAGE AFFORDED BY THE ISSUING INSURER(S), AUTHORI	BELOW. THIS EVIDENCE D POLICIES BELOW. THIS E ZED REPRESENTATIVE OR	DOES NOT AF	FFIRMATIVE F INSURANC	ELY OR NE		LY AMEND	EXTEND OR	ALTER THE
AGENCY PHONE	o, Ext): 713-778-1884		COMPANY					
AssuredPartners Houston	b, Ext). 110 110 100-			st Insuance	e Compar	ıy		
840 Gessner			P.O. Box 4					
Suite 700			Lansing, M	/11 4890 1				
Houston, TX 77024								
FAX E-MAIL (A/C, No): ADDRESS	i		_					
(A/C, No): ADDRESS	<u>: jessi.ross@assuredpartners</u>	.com	_					
CODE:	SUB CODE:							
AGENCY CUSTOMER ID #:								
INSURED			LOAN NUMBE	ER			POLICY NUMBE	R
Fox Run Condominium Association							SUM400202	2224
110 Navarro Drive, Suite 200 College Station TX 77845								
				IVE DATE		PIRATION DAT		NTINUED UNTIL
			09/01	1/2024	(09/01/2025	TER	MINATED IF CHECKED
			THIS REPLAC	ES PRIOR EV	IDENCE DA	TED:		
			1					
801 Luther St. West College Station, 128 Units- 16 Buildings THE POLICIES OF INSURANCE LIS		SUED TO TH	E INSURED	NAMED AB	BOVE FO	R THE POL		IDICATED.
NOTWITHSTANDING ANY REQUIR EVIDENCE OF PROPERTY INSUR/ SUBJECT TO ALL THE TERMS, EX	REMENT, TERM OR CONDITI ANCE MAY BE ISSUED OR M	ON OF ANY C 1AY PERTAIN,	CONTRACT (, THE INSUR	OR OTHER		IENT WITH BY THE PO	RESPECT TO LICIES DESCR	WHICH THIS IBED HEREIN IS
COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	X SPEC	IAL			
COVERAGE INFORMATION	PERILS INSURED		BROAD	X SPEC	CIAL	AM	OUNT OF INSURA	NCE DEDUCTIBLE
Building			BROAD	X SPEC	CIAL		OUNT OF INSURAN 32,760	NCE DEDUCTIBLE 25,000
Building	COVERAGE / PERILS / F		BROAD	X SPEC	SIAL			
Building REMARKS (Including Special Co	COVERAGE / PERILS / F		BROAD	X SPEC	SIAL			
Building REMARKS (Including Special Co	COVERAGE / PERILS / F		BROAD	X SPEC	SIAL			
Building REMARKS (Including Special Co Deductibles: \$25,000 All Other Perils;	COVERAGE / PERILS / F		BROAD	X SPEC	SIAL			
Building	COVERAGE / PERILS / F		BROAD	X SPEC	SIAL			
Building REMARKS (Including Special Co Deductibles: \$25,000 All Other Perils;	COVERAGE / PERILS / F		BROAD	X SPEC				
Building REMARKS (Including Special Co Deductibles: \$25,000 All Other Perils; Flood and Earthquake Excluded	COVERAGE / PERILS / F onditions) ; \$300,000 Wind/Hail DESCRIBED POLICIES BE C	ANCELLED E				21,1	32,760	25,000
Building REMARKS (Including Special Co Deductibles: \$25,000 All Other Perils; Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE D	COVERAGE / PERILS / F onditions) ; \$300,000 Wind/Hail DESCRIBED POLICIES BE C	ANCELLED E				21,1	32,760	25,000
Building REMARKS (Including Special Co Deductibles: \$25,000 All Other Perils; Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE D DELIVERED IN ACCORDANCE V	COVERAGE / PERILS / F onditions) ; \$300,000 Wind/Hail DESCRIBED POLICIES BE C	ANCELLED E	BEFORE TH		TION DA	21,1	32,760	25,000
Building REMARKS (Including Special Co Deductibles: \$25,000 All Other Perils; Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE D DELIVERED IN ACCORDANCE V ADDITIONAL INTEREST	COVERAGE / PERILS / F onditions) ; \$300,000 Wind/Hail DESCRIBED POLICIES BE C	ANCELLED E		E EXPIRA	TION DA	TE THEREC	32,760	ILL BE
Building Building REMARKS (Including Special Co Deductibles: \$25,000 All Other Perils; Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE D DELIVERED IN ACCORDANCE V ADDITIONAL INTEREST	COVERAGE / PERILS / F onditions) ; \$300,000 Wind/Hail DESCRIBED POLICIES BE C	ANCELLED E	BEFORE THI	E EXPIRA	TION DA	TE THEREC	32,760	ILL BE
Building REMARKS (Including Special Co Deductibles: \$25,000 All Other Perils; Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE D DELIVERED IN ACCORDANCE V ADDITIONAL INTEREST	COVERAGE / PERILS / F onditions) ; \$300,000 Wind/Hail DESCRIBED POLICIES BE C	ANCELLED E		E EXPIRA	TION DA	TE THEREC	32,760	ILL BE
Building REMARKS (Including Special Co Deductibles: \$25,000 All Other Perils; Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE D DELIVERED IN ACCORDANCE V ADDITIONAL INTEREST	COVERAGE / PERILS / F onditions) ; \$300,000 Wind/Hail DESCRIBED POLICIES BE C	ANCELLED E	BEFORE THI	E EXPIRA	TION DA	TE THEREC	32,760	ILL BE
Building Building REMARKS (Including Special Co Deductibles: \$25,000 All Other Perils; Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE D DELIVERED IN ACCORDANCE V ADDITIONAL INTEREST	COVERAGE / PERILS / F onditions) ; \$300,000 Wind/Hail DESCRIBED POLICIES BE C WITH THE POLICY PROVISIO	ANCELLED E	BEFORE THI	E EXPIRA AL INSURED GEE		TE THEREC	32,760	ILL BE
Building Building REMARKS (Including Special Co Deductibles: \$25,000 All Other Perils; Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE D DELIVERED IN ACCORDANCE V ADDITIONAL INTEREST NAME AND ADDRESS	COVERAGE / PERILS / F onditions) ; \$300,000 Wind/Hail DESCRIBED POLICIES BE C WITH THE POLICY PROVISIO	ANCELLED E	BEFORE THI ADDITION MORTGAI LOAN #			TE THEREC	32,760	ILL BE
Building REMARKS (Including Special Co Deductibles: \$25,000 All Other Perils; Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE D DELIVERED IN ACCORDANCE V ADDITIONAL INTEREST NAME AND ADDRESS	COVERAGE / PERILS / F onditions) ; \$300,000 Wind/Hail DESCRIBED POLICIES BE C WITH THE POLICY PROVISIO	ANCELLED E	BEFORE THI ADDITION MORTGA LOAN #			TE THEREC	32,760	ILL BE

ACORD 27 (2016/03)

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ACORD	

DATE (MM/DD/YYYY)

					717		INSURAN	CE	9/16/2024	
THIS EVIDENCE OF COMMERCIAL 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.										
PRODUCER NAME, CONTACT PERSON AND ADDRESS	PHONE	w. 832-476-8026				COMPANY NAME AND ADDRE	SS	NAI	C NO: 10713	
AssuredPartners Houston 840 Gessner Suite 700 Houston, TX 77024	<u>(A/C, NO, EX</u>	<u>(): 002-470-0020</u>				Third Coast Insuance Co P.O. Box 40790 Lansing, MI 48901	ompany			
FAX (A/C, No):	E-MAIL	alanna.begg@assuredparti	ners	.com	1	IF MULTIPLE C	OMPANIES, COMPLETE	SEPARATE FO	RM FOR EACH	
CODE:		SUB CODE:				POLICY TYPE				
AGENCY CUSTOMER ID #:						-				
NAMED INSURED AND ADDRESS						LOAN NUMBER		POLICY NUM	BER	
Fox Run Condominium Assoc 110 Navarro Drive, Suite 200								SUM40020	02224	
College Station TX 77845						EFFECTIVE DATE	EXPIRATION DATE			
						09/01/2024	09/01/2025		ONTINUED UNTIL ERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)						THIS REPLACES PRIOR EVID	ENCE DATED:			
PROPERTY INFORMATION	ACOR	D 101 may be attached if	mo	re sr	bace	is required) 🗵 BUIII ſ			RSONAL PROPERTY	
LOCATION / DESCRIPTION 801 Luther St. West College 3 128 Units - 16 Buildings				<u> </u>						
ANY REQUIREMENT, TERM OF BE ISSUED OR MAY PERTAIN	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.								PERTY INSURANCE MAY	
COVERAGE INFORMATIO		PERILS INSURED		SIC		BROAD X SPECIA	1			
COMMERCIAL PROPERTY COV				35,26	0			DED:25,0	000	
		· · ·	YES	NO	N/A			20,0		
	ENTAL VAL	UE			X	If YES, LIMIT:		Actual Loss Su	ustained; # of months:	
BLANKET COVERAGE		-			X	If YES, indicate value(s) repo				
TERRORISM COVERAGE				x		Attach Disclosure Notice / DI				
IS THERE A TERRORISM-SE	PECIFIC EX	CLUSION?	x							
IS DOMESTIC TERRORISM			X							
LIMITED FUNGUS COVERAGE			X			If YES, LIMIT: 5.000		DED		
FUNGUS EXCLUSION (If "YES", s	specify orga	nization's form used)	X			Physical loss or Physical Dat	mage Wording MA30			
REPLACEMENT COST			X			T Hysical 1033 of T Hysical Da	mage wording LWA00			
AGREED VALUE					x					
COINSURANCE						If YES, %				
EQUIPMENT BREAKDOWN (IF A	oplicable)					If YES, LIMIT: DED:				
ORDINANCE OR LAW - Coverage	, ,	o undamaged portion of bldg		x		If YES, LIMIT:		DED		
	tion Costs		x			If YES, LIMIT: 1,000,000		DED		
	ost of Constr	ruction	X	-		If YES, LIMIT: 1,000,000		DED		
EARTH MOVEMENT (If Applicable			· ·	x		If YES, LIMIT:		DED		
FLOOD (If Applicable)	,			X		If YES, LIMIT:		DED		
WIND / HAIL INCL X YES		Subject to Different Provisions:	x			If YES, LIMIT:		DED	300.000	
NAMED STORM INCL YES		Subject to Different Provisions:			x	If YES, LIMIT:		DED	,	
PERMISSION TO WAIVE SUBRC HOLDER PRIOR TO LOSS		,			X					
CANCELLATION										
SHOULD ANY OF THE DELIVERED IN ACCORDA					ICEL	LED BEFORE THE EX	(PIRATION DATE	THEREOF	, NOTICE WILL BE	
ADDITIONAL INTEREST										
CONTRACT OF SALE	LENDER'S	LOSS PAYABLE	S PA	YEE		LENDER SERVICING AGENT N	AME AND ADDRESS			
MORTGAGEE										
NAME AND ADDRESS										
*E and f (1)	Onlat						-			
For Information	Only []					AUTHORIZED REPRESENTATIV	<u>^</u>			
					amande V, Cho					



DATE (MM/DD/YYYY)

EVIDENC	EOFFROFERITI	NJUNAI	NCE		9/16/2024
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDE COVERAGE AFFORDED BY THE POLICIES BELOW. ISSUING INSURER(S), AUTHORIZED REPRESENTATI	NCE DOES NOT AFFIRMATIVELY THIS EVIDENCE OF INSURANCE I	OR NEGATIVE	LY AMEND, E	EXTEND OR	ALTER THE
AGENCY PHONE (A/C, No, Ext): 713-778-1884	COMPANY				
		suance Compar	ıy		
AssuredPartners Houston	P.O. Box 4079				
840 Gessner Suite 700	Lansing, MI 48	3901			
Houston, TX 77024					
FAX (A/C, No): E-MAIL ADDRESS: jessi.ross@assuredpa	rtners.com				
CODE: SUB CODE:					
AGENCY CUSTOMER ID #:					
INSURED	LOAN NUMBER			POLICY NUMBE	R
Fox Run Condominium Association				SUM400202	224
110 Navarro Drive, Suite 200 College Station TX 77845	EFFECTIVE I				
	EFFECTIVE		PIRATION DATE		NTINUED UNTIL
	09/01/20	24 (09/01/2025	TER	MINATED IF CHECKED
	THIS REPLACES	RIOR EVIDENCE DA	TED:		
	L				
PROPERTY INFORMATION					
LOCATION/DESCRIPTION					
801 Luther St. West College Station, TX 77840 128 Units- 16 Buildings					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BE					
NOTWITHSTANDING ANY REQUIREMENT, TERM OR CC					
EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED					
SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONE	THONS OF SUCH POLICIES. LIMIT	S SHOWN MAY	HAVE BEEN	REDUCEDE	BY PAID CLAIMS.
COVERAGE INFORMATION PERILS INSURE	D BASIC BROAD X	SPECIAL			
		OFEOINE			
COVERAGE / PE	RILS / FORMS			UNT OF INSURAN	
Building			21,13	2,760	25,000
REMARKS (Including Special Conditions)					
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail					
Flood and Earthquake Excluded					
n lood and Lannyuake Excluded					
CANCELLATION					
				-	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES		XPIRATION DA	TE THEREOR	F, NOTICE W	ILL BE
DELIVERED IN ACCORDANCE WITH THE POLICY PR	DVISIONS.				
NAME AND ADDRESS	ADDITIONAL I	NOUKED LEN	DER'S LOSS PAY		LOSS PAYEE
	MORTGAGEE				
	LOAN #				
JP Morgan Chase Bank , NA					
ISAOA/ATIMA					
P.O. Box 4465	AUTHORIZED REPP	ESENTATIVE			
Springfield, OH 45501-4465	$ \land $	100			
	(Umande	VID			
	Chinana	1 un			

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ACORD	

DATE (MM/DD/YYYY) 9/16/2024

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OR	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED B	e hol Y the	POLICIES	
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subjec this certificate does not confer rights	t to tl	ne tei	ms and conditions of th	e polic	y, certain p	olicies may				
PRODUCER				CONTA NAME:		/				
AssuredPartners Houston					, Ext): 832-47	6-8026	FAX (A/C, No):			
840 Gessner Suite 700				F-MAII			lpartners.com			
Houston TX 77024					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
				INSURE	RA: Federal	Insurance Co	mpany		20281	
INSURED			FOXRUNC-01	INSURE	<mark>кв:</mark> James F	River Insurance	e Company		12203	
Fox Run Condominium Association 110 Navarro Drive, Suite 200				INSURE	<mark>кс</mark> : General	Star Indemni	ty		37362	
College Station TX 77845				INSURE	RD:Westche	ester Surplus	Lines Insurance Company	,	10172	
				INSURE	RE:					
				INSURE	RF:					
		-	NUMBER: 1085812069	<u>/F DEE</u>			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	equif Pert Poli	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN ED BY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	т то \	WHICH THIS	
INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
B X COMMERCIAL GENERAL LIABILITY	Y	Y	P0000002118		9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 1,000	,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00	
							MED EXP (Any one person)	\$ 5,000		
							PERSONAL & ADV INJURY	\$ 1,000	,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	,000	
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	,000	
							COMBINED SINGLE LIMIT	\$		
AUTOMOBILE LIABILITY							(Ea accident)	\$ \$		
OWNED SCHEDULED							BODILY INJURY (Per person) BODILY INJURY (Per accident)	۶ \$		
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
C X UMBRELLA LIAB X OCCUR	Y	Y	IXG680437		9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 5,000	000	
EXCESS LIAB CLAIMS-MADE	:				0/ 1/202 1	0, 1,2020	AGGREGATE	\$ 0,000 \$,000	
DED X RETENTION \$ 0	<u>.</u>						AGGREGATE	\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER	Ŧ		
AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A Crime D Cyber			9992-7587 F16262225-002		9/1/2024 9/1/2024	9/1/2025 9/1/2025	Employee Theft Aggregate/Occurence	500,0 250,0		
				·						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER CANCELLATION										
CERTIFICATE HOLDER					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Springfield OH 45501-446	5			a	nandi V,	Cho				
					© 19	388-2015 AC	ORD CORPORATION.	All riał	nts reserved	

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DATE (MM/DD/YYYY)

L

EVIDENCE OF PRO		NANCE	9/16/2024
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT A COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE O ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCED	FFIRMATIVELY OR NEG F INSURANCE DOES NO R, AND THE ADDITIONAL	ATIVELY AMEND, E	EXTEND OR ALTER THE
AGENCY PHONE (A/C, No, Ext): 713-778-1884	COMPANY		
AssuredPartners Houston	 Third Coast Insuance C P.O. Box 40790 	Company	
840 Gessner	Lansing, MI 48901		
Suite 700	3,		
Houston, TX 77024			
	_		
FAX (A/C, No): E-MAIL ADDRESS: jessi.ross@assuredpartners.com			
CODE: SUB CODE:			
AGENCY CUSTOMER ID #:			
INSURED	LOAN NUMBER		POLICY NUMBER
Fox Run Condominium Association			SUM400202224
110 Navarro Drive, Suite 200 College Station TX 77845	EFFECTIVE DATE	EXPIRATION DATE	
	09/01/2024	09/01/2025	TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVID	ENCE DATED:	
PROPERTY INFORMATION			
LOCATION/DESCRIPTION 801 Luther St. West College Station, TX 77840			
128 Units- 16 Buildings			
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO TH	E INSURED NAMED ABC	VE FOR THE POLIC	Y PERIOD INDICATED.
NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY			
EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN			
SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH	POLICIES. LIMITS SHOW	'N MAY HAVE BEEN	REDUCED BY PAID CLAIMS.
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD X SPECIA	L	
COVERAGE / PERILS / FORMS		AMOL	UNT OF INSURANCE DEDUCTIBLE
Building		21,132	2,760 25,000
REMARKS (Including Special Conditions) Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail			
שטעעטושופס. שבט,טטט הוו טעופו רפוווס, שטטט,טטט אוווע/המוו			
Flood and Earthquake Excluded			
RE: 801 Luther St. W. Unit 405, College Station, TX 77840			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	BEFORE THE EXPIRATION	UN DATE THEREOF	, NOTICE WILL BE
ADDITIONAL INTEREST			
NAME AND ADDRESS	ADDITIONAL INSURED	LENDER'S LOSS PAY	ABLE LOSS PAYEE
	X MORTGAGEE		
	LOAN #		
North Dallas Bank of Trust Co.			
PO BOX 801826	AUTHORIZED REPRESENTATI	VE	
Dallas, TX 75380	1 Au and MA		
	(amande V, (bb	1	
ACORD 27 (2016/03)	© 1993-2	2015 ACORD CORF	PORATION. All rights reserve

ACORD	

DATE (MM/DD/YYYY) 9/16/2024

THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AM	VEL	OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEND OR A	LTER THE CO	VERAGE AFFORDED BY 1	HE POLICIES
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to th	e tei	ms and conditions of th	e policy, certain	policies may		
PRODUCER	Jule	Cert		CONTACT AL	· \ - /		
AssuredPartners Houston				NAME: Alanna PHONE (A/C, No, Ext): 832-	176 8026	FAX	
840 Gessner Suite 700				E-MAIL ADDRESS: alanna		(A/C, No):	
Houston TX 77024				ADDRESS: alarina		RDING COVERAGE	NAIC #
				INSURER A : Feder			20281
INSURED			FOXRUNC-01	INSURER B : Jame			12203
Fox Run Condominium Association				INSURER C : Gene			37362
110 Navarro Drive, Suite 200 College Station TX 77845						Lines Insurance Company	10172
College Station TX 11045				INSURER E :			10172
				INSURER F :			
COVERAGES CER	TIFIC		NUMBER: 1608450891	INSURER F .		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES				/E BEEN ISSUED	TO THE INSURI		POLICY PERIOD
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH I	PERT	AIN, CIES.	THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	ED BY THE POLIC BEEN REDUCED B	CIES DESCRIBE BY PAID CLAIMS	D HEREIN IS SUBJECT TO AI	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EF (MM/DD/YY)	F POLICY EXP (Y) (MM/DD/YYYY)	LIMITS	
B X COMMERCIAL GENERAL LIABILITY	Υ	Y	P0000002118	9/1/2024	9/1/2025		000,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1	00,000
						MED EXP (Any one person) \$5	000
						PERSONAL & ADV INJURY \$1	000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2	000,000
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$2	000,000
OTHER:							
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
ANY AUTO						BODILY INJURY (Per person) \$	
OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED						BODILY INJURY (Per accident) \$	
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
						\$	
C X UMBRELLA LIAB X OCCUR	Y	Y	IXG680437	9/1/2024	9/1/2025	EACH OCCURRENCE \$5	000,000
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
DED X RETENTION \$ 0						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$	
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$	
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
A Crime D Cyber			9992-7587 F16262225-002	9/1/2024 9/1/2024			00,000 50,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL RE: 801 Luther St. W. Unit 405, College Sta				e, may be attached if i		red)	
				SHOULD ANY	OF THE ABOVE F	DESCRIBED POLICIES BE CANC	ELLED BEFORE
North Dallas Bank of Trust Co. PO BOX 801826 Dallas TX 75380			THE EXPIRAT	ION DATE TH WITH THE POLIC	EREOF, NOTICE WILL BE CYPROVISIONS.		

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DATE (MM/DD/YYYY)

EVIDENCE OF COIVIN		Π	<i>-</i>		INJUKAN			9/16/2024
THIS EVIDENCE OF COMMERCIAL 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.								
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, Ext): 832-476-8026				COMPANY NAME AND ADDRE	ss		NAIC	NO : 10713
AssuredPartners Houston 840 Gessner Suite 700 Houston, TX 77024				Third Coast Insuance Co P.O. Box 40790 Lansing, MI 48901	ompany			
FAX (A/C, No): E-MAIL ADDRESS: alanna.begg@assuredpart	ners	com	n		OMPANIES, COMPLETE	E SEPAR	RATE FO	RM FOR EACH
CODE: SUB CODE:	ner s			POLICY TYPE	,	-		
AGENCY CUSTOMER ID #:				_				
CUSTOMER ID #: NAMED INSURED AND ADDRESS				LOAN NUMBER		POLI		BER
Fox Run Condominium Association 110 Navarro Drive, Suite 200						SUM	M40020	12224
College Station TX 77845				EFFECTIVE DATE	EXPIRATION DATE	1		
				09/01/2024	09/01/2025			ONTINUED UNTIL RMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDE	NCE DATED:			
PROPERTY INFORMATION (ACORD 101 may be attached if	mo	re si	bace	is required) 🗵 BUILD		SINES	SS PER	SONAL PROPERTY
LOCATION / DESCRIPTION 801 Luther St. West College Station, TX 77840 128 Units - 16 Buildings								
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUEI ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	OTH POL	er d Icies	OCU S DE	IMENT WITH RESPECT TO V SCRIBED HEREIN IS SUBJE	VHICH THIS EVIDEN	ICE OF	F PROP	ERTY INSURANCE MAY
COVERAGE INFORMATION PERILS INSURED	BA	SIC		BROAD X SPECIAL				
	21,13		0		·	D	ED:25,0	00
	YES	NO	N/A					
BUSINESS INCOME RENTAL VALUE	-		X	If YES, LIMIT:		Actual	Loss Su	stained; # of months:
BLANKET COVERAGE	-		X	If YES, indicate value(s) repo	rted on property ident	tified at	oove: \$	
TERRORISM COVERAGE	+	X		Attach Disclosure Notice / DE				
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	x							
IS DOMESTIC TERRORISM EXCLUDED?	X							
LIMITED FUNGUS COVERAGE	X			If YES, LIMIT: 5.000			DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)	X			Physical loss or Physical Dan	nage Wording LMA30	030		
REPLACEMENT COST	X							
AGREED VALUE			Х					
COINSURANCE			Х	If YES, %				
EQUIPMENT BREAKDOWN (If Applicable)			Х	If YES, LIMIT:			DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		Х		If YES, LIMIT:			DED:	
- Demolition Costs	X			If YES, LIMIT: 1,000,000			DED:	
- Incr. Cost of Construction	X			If YES, LIMIT: 1,000,000			DED:	
EARTH MOVEMENT (If Applicable)	1	X		If YES, LIMIT:			DED:	
FLOOD (If Applicable)	1	X		If YES, LIMIT:			DED:	
WIND / HAIL INCL X YES NO Subject to Different Provisions:	X			If YES, LIMIT:			DED:	300,000
NAMED STORM INCL VES X NO Subject to Different Provisions:			Х	If YES, LIMIT:			DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE	1		x					
CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIO			ICEL	LED BEFORE THE EX	PIRATION DATE	THE	REOF,	NOTICE WILL BE
ADDITIONAL INTEREST								
	S PA	YEE		LENDER SERVICING AGENT NA	ME AND ADDRESS			
X MORTGAGEE								
NAME AND ADDRESS								
Prime Lending, A PlainsCapital Company ISAOA								
P.O. Box 796788				AUTHORIZED REPRESENTATIV	<u> </u>			
Dallas, TX 75379	amande V, Com							

AGENCY CUSTOMER ID: ______ LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners Houston	NAMED INSURED Fox Run Condominium Association 110 Navarro Drive, Suite 200 College Station TX 77845			
POLICY NUMBER SUM400202224				
	NAIC CODE 10713			
ADDITIONAL REMARKS		EFFECTIVE DATE: 09/01/2024		

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE FORM NUMBER:

REMARKS:

Borrower: Sarah, Kathryn, & Eric Oliver Property Address: 801 Luther St W UNIT 401, College Station, TX 77840 Loan #: 8000233998



DATE (MM/DD/YYYY)

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	EVIDENCE OF PRO				9/16/2024
ADDITIONAL INTEREST NAMED B COVERAGE AFFORDED BY THE F	SURANCE IS ISSUED AS A MATTER ELOW. THIS EVIDENCE DOES NOT A POLICIES BELOW. THIS EVIDENCE (ED REPRESENTATIVE OR PRODUCE	AFFIRMATIVELY OR NEO OF INSURANCE DOES NO	GATIVELY AMEND, I	EXTEND OR	ALTER THE
	Ext): 713-778-1884	COMPANY	-		
-	Ext): / 13-//0-1004	Third Coast Insuance	Company		
AssuredPartners Houston 840 Gessner		P.O. Box 40790			
Suite 700		Lansing, MI 48901			
Houston, TX 77024					
FAX (A/C, No): E-MAIL ADDRESS: je	essi.ross@assuredpartners.com				
CODE:	SUB CODE:				
AGENCY CUSTOMER ID #:					
INSURED		LOAN NUMBER		POLICY NUMB	ER
Fox Run Condominium Association 110 Navarro Drive, Suite 200				SUM400202	2224
College Station TX 77845		EFFECTIVE DATE	EXPIRATION DATE		NTINUED UNTIL
		09/01/2024	09/01/2025		RMINATED IF CHECKED
		THIS REPLACES PRIOR EVID	DENCE DATED:		
801 Luther St. West College Station, T 128 Units- 16 Buildings	X 77840				
	ED BELOW HAVE BEEN ISSUED TO T				
EVIDENCE OF PROPERTY INSURAN	MENT, TERM OR CONDITION OF ANY ICE MAY BE ISSUED OR MAY PERTAI LUSIONS AND CONDITIONS OF SUCH	N, THE INSURANCE AFFC	RDED BY THE POLI	ICIES DESCR	RIBED HEREIN IS
COVERAGE INFORMATION	PERILS INSURED BASIC	BROAD X SPECIA		REDUCED	ST FAID CLAIMS.
	COVERAGE / PERILS / FORMS			UNT OF INSURA	
Building			21,13		25.000
REMARKS (Including Special Cond	ditions)				
Deductibles: \$25,000 All Other Perils; \$					
Flood and Earthquake Excluded Unit Owner: Joseph Pham - Unit# 505					
CANCELLATION					
	SCRIBED POLICIES BE CANCELLED	BEFORE THE EXPIRATI	ON DATE THEREO	F, NOTICE W	/ILL BE
ADDITIONAL INTEREST					
		ADDITIONAL INSURED	LENDER'S LOSS PA		LOSS PAYEE
		X MORTGAGEE			
		LOAN #			
Prosperity Bank					
410 SW Þarkway E College Station, TX 7784	10	AUTHORIZED REPRESENTAT	IVE		
		(amande V. Con	~		
		@ 4000			All rights received
ACORD 27 (2016/03)	The ACORD name and logo			FURATION.	All rights reserved.



DATE (MM/DD/YYYY)

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EVIDENCE OF PR	OPERIY INSUR	KANCE		9/16/2024
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUC	AFFIRMATIVELY OR NEGA OF INSURANCE DOES NOT ER, AND THE ADDITIONAL	TIVELY AMEND, CONSTITUTE A	EXTEND OR ALT	ER THE
AGENCY PHONE (A/C, No, Ext): 713-778-1884 AssuredPartners Houston 840 Gessner Suite 700 Houston, TX 77024	COMPANY Third Coast Insuance Co P.O. Box 40790 Lansing, MI 48901	ompany		
FAX (A/C, No): E-MAIL ADDRESS: jessi.ross@assuredpartners.com				
CODE: SUB CODE:				
AGENCY CUSTOMER ID #:				
Fox Run Condominium Association	LOAN NUMBER		POLICY NUMBER SUM400202224	
110 Navarro Drive, Suite 200 College Station TX 77845	EFFECTIVE DATE 09/01/2024	EXPIRATION DATE 09/01/2025		JED UNTIL TED IF CHECKED
	THIS REPLACES PRIOR EVIDEN			
PROPERTY INFORMATION				
LOCATION/DESCRIPTION 801 Luther St. West College Station, TX 77840 128 Units- 16 Buildings 801 Luther St., West, College Station, TX 77840 Unit 702 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO	THE INSURED NAMED ABOV			ATED.
NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTA SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUC	Y CONTRACT OR OTHER DC IN, THE INSURANCE AFFOR	OCUMENT WITH R DED BY THE POL	ESPECT TO WHI	CH THIS D HEREIN IS
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD X SPECIAL			
	BROAD X SPECIAL			
COVERAGE / PERILS / FORMS Building	BRUAD A SPECIAL		UNT OF INSURANCE	DEDUCTIBLE 25,000
COVERAGE / PERILS / FORMS	BRUAD A SPECIAL			
COVERAGE / PERILS / FORMS Building REMARKS (Including Special Conditions)	BROAD A SPECIAL			
COVERAGE / PERILS / FORMS Building REMARKS (Including Special Conditions) Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail	BRUAD A SPECIAL			
COVERAGE / PERILS / FORMS Building REMARKS (Including Special Conditions)				
COVERAGE / PERILS / FORMS Building REMARKS (Including Special Conditions) Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail				
COVERAGE / PERILS / FORMS Building REMARKS (Including Special Conditions) Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded		21,13	2,760	25,000
COVERAGE / PERILS / FORMS Building REMARKS (Including Special Conditions) Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLE		21,13	2,760	25,000
COVERAGE / PERILS / FORMS Building REMARKS (Including Special Conditions) Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLEE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		21,13	2,760 F, NOTICE WILL	25,000
COVERAGE / PERILS / FORMS Building REMARKS (Including Special Conditions) Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLEI DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST	D BEFORE THE EXPIRATION ADDITIONAL INSURED X MORTGAGEE	N DATE THEREO	2,760 F, NOTICE WILL	25,000 BE
COVERAGE / PERILS / FORMS Building REMARKS (Including Special Conditions) Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLEE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS	D BEFORE THE EXPIRATION ADDITIONAL INSURED X MORTGAGEE	N DATE THEREO	2,760 F, NOTICE WILL	25,000 BE

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DATE (MM/DD/YYYY) 9/16/2024

THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	/ELY JRAN	OR NEGATIVELY AMEND, CE DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED BY TH	E POLICIES
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject t this certificate does not confer rights to	o the	terms and conditions of the	ne policy, certain p	olicies may		
PRODUCER	the c	er tillcate fiolder fil fied of 5		/		
AssuredPartners Houston			NAME: Alanna Be PHONE (A/C, No, Ext): 832-47	799 76 9026	FAX	
840 Gessner			F-MAII		(A/C, No):	
Suite 700 Houston TX 77024			ADDRESS: alanna.b	000	•	
				~ /	RDING COVERAGE	NAIC #
INSURED		FOXRUNC-01	INSURER A : Federal			20281
Fox Run Condominium Association			INSURER B : James F			12203
110 Navarro Drive, Suite 200			INSURER C: General		•	37362
College Station TX 77845			INSURER D: Westche	ester Surplus	Lines Insurance Company	10172
			INSURER E :			
			INSURER F :			
		TE NUMBER: 714737541			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH P	QUIRE ERTAI OLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
INSR LTR TYPE OF INSURANCE	NSD W	JBR IVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B X COMMERCIAL GENERAL LIABILITY	Y	Y P000002118	9/1/2024	9/1/2025		00,000
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$100	,000
					MED EXP (Any one person) \$5,0	00
					PERSONAL & ADV INJURY \$1,0	0,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$2,0	0,000
X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$2,0	00,000
OTHER:					\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	
ANY AUTO					BODILY INJURY (Per person) \$	
OWNED SCHEDULED					BODILY INJURY (Per accident) \$	
AUTOS ONLY AUTOS HIRED NON-OWNED					PROPERTY DAMAGE	
AUTOS ONLY AUTOS ONLY					(Per accident) \$	
C X UMBRELLA LIAB X OCCUR	Y	Y IXG680437	9/1/2024	9/1/2025		0.000
			0/ 1/2021	0, 112020		,000
					AGGREGATE \$	
DED A RETENTION \$ 0 WORKERS COMPENSATION Image: Compension of the second s					PER OTH-	
AND EMPLOYERS' LIABILITY Y / N						
OI HOER MEMBER EXCEODED :	N / A				E.L. EACH ACCIDENT \$	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$	
DESCRIPTION OF OPERATIONS below A Crime		9992-7587	9/1/2024	9/1/2025	E.L. DISEASE - POLICY LIMIT \$ Employee Theft 500	,000
D Cyber		F16262225-002	9/1/2024	9/1/2025		,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (ACC	DRD 101, Additional Remarks Schedu	le, may be attached if moi	re space is requir	l	
CERTIFICATE HOLDER			CANCELLATION			
Prosperity Bank ISAOA-ATIMA P.O. Box 3648				N DATE THI ITH THE POLIC	ESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE D Y PROVISIONS.	
Coppell TX 75019			Amande V,			
			© 19	988-2015 AC	ORD CORPORATION. All ri	ahts reserved.

ACORD	

DATE (MM/DD/YYYY) 9/16/2024

CE BE	S CERTIFICATE IS ISSUED AS A I RTIFICATE DOES NOT AFFIRMATI LOW. THIS CERTIFICATE OF INS PRESENTATIVE OR PRODUCER, AN	VEL	(OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E		POLICIES
If S	PORTANT: If the certificate holder i UBROGATION IS WAIVED, subject s certificate does not confer rights t	to th	ne tei	rms and conditions of th	e polic	y, certain p	olicies may i			
PRODU	0	0 1110	0011		CONTA NAME:		/			
	iredPartners Houston					, Ext): 832-47		FAX		
	Gessner e 700				É-MAII			(A/C, No): Ipartners.com		
	ston TX 77024				ADDRE		000	•		
neu								RDING COVERAGE		NAIC #
INSUR		FOXRUNC-01					Insurance Co			20281
	Run Condominium Association						River Insurance			12203
110	Navarro Drive, Suite 200						Star Indemni			37362
Colle	ege Station TX 77845				INSURE	RD: Westche	ester Surplus	Lines Insurance Company	y	10172
					INSURE	RE:				
					INSURE	RF:				
				NUMBER: 1115659413				REVISION NUMBER:		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	ст то у	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	X COMMERCIAL GENERAL LIABILITY	Y	Y	P0000002118		9/1/2024	9/1/2025	EACH OCCURRENCE	\$1,000	,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00
								MED EXP (Any one person)	\$ 5,000	1
								PERSONAL & ADV INJURY	\$ 1,000	,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	,
	OTHER:								\$,000
								COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
С	X UMBRELLA LIAB X OCCUR	Y	Y	IXG680437		9/1/2024	9/1/2025		\$ 5.000	000
			•	1/////		5/1/2024	3/1/2020	EACH OCCURRENCE	• • , • • •	,000
								AGGREGATE	\$	
v								PER OTH- STATUTE ER	\$	
A	ND EMPLOYERS' LIABILITY Y / N									
C	NYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
İf	Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		
C	ÉSCRIPTION OF OPERATIONS below			0000 7507		0/4/00001	0/4/0005	E.L. DISEASE - POLICY LIMIT	\$ 500,0	00
	Zrime Cyber			9992-7587 F16262225-002		9/1/2024 9/1/2024	9/1/2025 9/1/2025	Employee Theft Aggregate/Occurence	250,0	
Unit	IPTION OF OPERATIONS / LOCATIONS / VEHICI Owner: Joseph Pham - Unit# 505	ES (A	CORD	101, Additional Remarks Schedu			e space is require	ed)		
CER	TIFICATE HOLDER				CANO	ELLATION				
	Prosperity Bank 410 SW Parkway E College Station TX 77840					EXPIRATION ORDANCE WI		ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
					a	mandi V,	Cho			

ACORD	

DATE (MM/DD/YYYY)

		Π	- <i>۲</i> ار	9/16/2024
UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS E		ENC S EV	E D	D AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS DES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER NCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN JCER, AND THE ADDITIONAL INTEREST.
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, Ext): 832-476-8026				COMPANY NAME AND ADDRESS NAIC NO: 10713
CONTACT PERSON AND ADDRESS (A/C, No, Ext): 832-470-8020 AssuredPartners Houston				10/10
840 Gessner				Third Coast Insuance Company P.O. Box 40790
Suite 700				Lansing, MI 48901
Houston, TX 77024				
FAX (A/C, No): E-MAIL ADDRESS: alanna.begg@assuredpart	ners	.com	n	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH
CODE: SUB CODE:				POLICY TYPE
AGENCY CUSTOMER ID #:				
NAMED INSURED AND ADDRESS				LOAN NUMBER POLICY NUMBER
Fox Run Condominium Association 110 Navarro Drive, Suite 200				SUM400202224
College Station TX 77845				EFFECTIVE DATE EXPIRATION DATE
				09/01/2024 09/01/2025 CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDENCE DATED:
PROPERTY INFORMATION (ACORD 101 may be attached it				I Is required) ⊠ BUILDING OR □ BUSINESS PERSONAL PROPERTY
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR	OTH POL	er d Icies	DOCL S DE	URED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING IMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY SCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS
	<u>ра</u> 21,13	SIC	0	BROAD X SPECIAL DED:25,000
	, 		-	525.23,000
			X	If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE			x	
			<u> ^</u>	If YES, indicate value(s) reported on property identified above: \$
		X		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	X			
IS DOMESTIC TERRORISM EXCLUDED?	X			
	X			If YES, LIMIT:5,000 DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	X			Physical loss or Physical Damage Wording LMA3030
	X			
AGREED VALUE			X	
			-	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)			X	If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X		If YES, LIMIT: DED:
- Demolition Costs	X	-		If YES, LIMIT: 1,000,000 DED:
- Incr. Cost of Construction	X			If YES, LIMIT: 1,000,000 DED:
EARTH MOVEMENT (If Applicable)		Х		If YES, LIMIT: DED:
FLOOD (If Applicable)		X		If YES, LIMIT: DED:
WIND / HAIL INCL X YES NO Subject to Different Provisions:	-			If YES, LIMIT: DED:300,000
NAMED STORM INCL YES X NO Subject to Different Provisions:			X	If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			x	
CANCELLATION	1	1	1	
			ICEL	LED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE
ADDITIONAL INTEREST				
	S PA	YEE		LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS				
Prosperity Bank				
ISAÓA-ATIMA				AUTHORIZED REPRESENTATIVE
P.O. Box 3648 Coppell, TX 75019				
				amande V, Co
				© 2003-2015 ACORD CORPORATION. All rights reserved.

ACORD	

DATE (MM/DD/YYYY)

		n	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9/16/2024		
THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANC UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS E THE COVERAGE AFFORDED BY THE POLICIES BELOW. THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE	VIDE	ENC S EV	E DO	DES NOT AFFIRMATIVELY OR NEGATIVE NCE OF INSURANCE DOES NOT CONST	LY AMEND,	EXTEND OR ALTER		
PRODUCER NAME, CONTACT PERSON AND ADDRESS PHONE (A/C, No, Ext): 832-476-8026				COMPANY NAME AND ADDRESS	NAIC	о: 10713		
AssuredPartners Houston 840 Gessner Suite 700 Houston, TX 77024		Third Coast Insuance Company P.O. Box 40790 Lansing, MI 48901						
FAX (A/C, No): E-MAIL ADDRESS: alanna.begg@assuredpartr				IF MULTIPLE COMPANIES, COMPLETE	SEPARATE EO			
	leis	.001	I					
CODE: SUB CODE: AGENCY CUSTOMER ID #:								
NAMED INSURED AND ADDRESS Fox Run Condominium Association				LOAN NUMBER	POLICY NUM	BER		
110 Navarro Drive. Suite 200					SUM40020)2224		
College Station TX 77845				EFFECTIVE DATE EXPIRATION DATE		ONTINUED UNTIL		
				09/01/2024 09/01/2025		ERMINATED IF CHECKED		
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDENCE DATED:				
PROPERTY INFORMATION (ACORD 101 may be attached if	mor	re si	bace	is required) 🖾 BUILDING OR 🗆 BUS	SINESS PEF	SONAL PROPERTY		
LOCATION / DESCRIPTION 801 Luther St. West College Station, TX 77840 See Attached		<u> </u>						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	OTHI POLI	er d Icies	OCU S DE	IMENT WITH RESPECT TO WHICH THIS EVIDEN SCRIBED HEREIN IS SUBJECT TO ALL THE TER	ICE OF PROP	ERTY INSURANCE MAY		
COVERAGE INFORMATION PERILS INSURED	BA	SIC		BROAD X SPECIAL				
	21,13		0		DED:25,0	00		
	YES	NO	N/A					
	-		X	If YES, LIMIT:	Actual Loss Su	stained; # of months:		
BLANKET COVERAGE	-		X	If YES, indicate value(s) reported on property ident				
TERRORISM COVERAGE	-	x		Attach Disclosure Notice / DEC				
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	x							
IS DOMESTIC TERRORISM EXCLUDED?	X							
LIMITED FUNGUS COVERAGE	X			If YES, LIMIT: 5.000 DED:				
FUNGUS EXCLUSION (If "YES", specify organization's form used)	X			Physical loss or Physical Damage Wording LMA3030				
REPLACEMENT COST	X							
AGREED VALUE	<u> </u>		x					
COINSURANCE	-			If YES, %				
EQUIPMENT BREAKDOWN (If Applicable)	-		X	If YES, LIMIT:	DED:			
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	-	x		If YES, LIMIT:	DED:			
- Demolition Costs	x			If YES, LIMIT: 1,000,000	DED:			
- Incr. Cost of Construction	X	\square		If YES, LIMIT: 1,000,000	DED:			
EARTH MOVEMENT (If Applicable)	\vdash	x		If YES, LIMIT:	DED:			
FLOOD (If Applicable)	\vdash	X		If YES, LIMIT:	DED:			
WIND / HAIL INCL X YES NO Subject to Different Provisions:	x			If YES, LIMIT:		300.000		
NAMED STORM INCL YES X NO Subject to Different Provisions:	+	1	x	If YES, LIMIT:	DED:	,		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			x					
CANCELLATION	<u> </u>							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES E DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIO			ICEL	LED BEFORE THE EXPIRATION DATE	THEREOF,	NOTICE WILL BE		
ADDITIONAL INTEREST								
	S PAY	YEE		LENDER SERVICING AGENT NAME AND ADDRESS				
NAME AND ADDRESS								
Prosperity Bank 2807 South Texas Avenue Bryan, TX 77802				AUTHORIZED REPRESENTATIVE				
				Amande V, Co				

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: ______



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners Houston	NAMED INSURED Fox Run Condominium Association 110 Navarro Drive, Suite 200 College Station TX 77845		
POLICY NUMBER SUM400202224			
CARRIER	NAIC CODE		
Third Coast Insuance Company	10713	effective date: 09/01/2024	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

LOCATION/DESCRIPTION:

128 Units - 16 Buildings 801 Luther St., West, College Station, TX 77840 Unit 702



DATE (MM/DD/YYYY)

				9/16/2024
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT A COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE O ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCE!	FFIRMATIVELY OR NEG F INSURANCE DOES NO R, AND THE ADDITIONA	GATIVELY AMEND, E	EXTEND OR AL	TER THE
AGENCY PHONE (A/C, No, Ext): 713-778-1884	COMPANY	<u>^</u>		
AssuredPartners Houston	 Third Coast Insuance P.O. Box 40790 	Company		
840 Gessner	Lansing, MI 48901			
Suite 700	Earloing, in 10001			
Houston, TX 77024				
FAX (A/C, No): E-MAIL ADDRESS: jessi.ross@assuredpartners.com				
	—			
CODE: SUB CODE:	_			
AGENCY CUSTOMER ID #:				
INSURED	LOAN NUMBER		POLICY NUMBER	
Fox Run Condominium Association 110 Navarro Drive, Suite 200			SUM40020222	4
College Station TX 77845	EFFECTIVE DATE	EXPIRATION DATE		
	09/01/2024	09/01/2025		IUED UNTIL IATED IF CHECKED
	THIS REPLACES PRIOR EVID	DENCE DATED:		
PROPERTY INFORMATION				
LOCATION/DESCRIPTION				
801 Luther St. West College Station, TX 77840				
128 Units- 16 Buildings				
Condo: 801 Luther, #108 College Station, TX 77840				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO TH	E INSURED NAMED ABO	OVE FOR THE POLIC	Y PERIOD INDI	CATED.
NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY				
EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN				
SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH				
	BROAD X SPECIA			
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD X SPECIA			
COVERAGE / PERILS / FORMS			UNT OF INSURANCE	DEDUCTIBLE
Building		21,13	2,760	25,000
REMARKS (Including Special Conditions)				
REMARKS (Including Special Conditions)				
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail				
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail				
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail				
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail				
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail				
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail				
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded				
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION				
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED	BEFORE THE EXPIRATI	ON DATE THEREOF	F, NOTICE WILL	BE
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION	BEFORE THE EXPIRATI	ON DATE THEREOF		.BE
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	BEFORE THE EXPIRATI	ON DATE THEREOF	F, NOTICE WILL	BE
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST		1		
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	ADDITIONAL INSURED			. BE
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST		1		
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST	ADDITIONAL INSURED	1		
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS	ADDITIONAL INSURED MORTGAGEE	1		
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST	ADDITIONAL INSURED MORTGAGEE	LENDER'S LOSS PAY		
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS Southside Bank	ADDITIONAL INSURED MORTGAGEE	LENDER'S LOSS PAY		
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS Southside Bank P.O. Box 1079	ADDITIONAL INSURED MORTGAGEE	LENDER'S LOSS PAY		
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS Southside Bank P.O. Box 1079	ADDITIONAL INSURED MORTGAGEE	LENDER'S LOSS PAY		
Deductibles: \$25,000 All Other Perils; \$300,000 Wind/Hail Flood and Earthquake Excluded CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS Southside Bank P.O. Box 1079	ADDITIONAL INSURED MORTGAGEE LOAN # AUTHORIZED REPRESENTAT	LENDER'S LOSS PAY	(ABLE	LOSS PAYEE