



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/22/2026

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 Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr Bryan TX 77805-5753		PHONE (A/C, No., Ext): (979)774-3900		COMPANY NAME AND ADDRESS Safepoint Insurance Co PO Box 292547 Tampa FL 33687-		NAIC NO:	
FAX (A/C, No.): (979)774-3955		E-MAIL ADDRESS: kacey@serviceinsgroup.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH			
CODE: 0102954		SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID #: 2215		NAMED INSURED AND ADDRESS Old Oaks Condominium Owners Association c/o Beal Properties 3363 University Dr E Ste 215 Bryan TX 77802-		LOAN NUMBER		POLICY NUMBER STCP0002334-02	
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 12/21/2025		EXPIRATION DATE 12/21/2026		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:							

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
 Named as insured: Old Oaks Condominium Owners Association, Inc.
 Borrower Name: Helen Menn
 Property Address: 3923 Old Oaks Dr Unit 10, Bryan, TX 77802
 Loan Number: SP-0440560951

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:		\$ 4,302,392		DED: 10,000		
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	if YES, LIMIT: 32,000 Actual Loss Sustained; # of months:	
BLANKET COVERAGE			<input checked="" type="checkbox"/>		if YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE			<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?			<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE			<input checked="" type="checkbox"/>		if YES, LIMIT: DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)					CP 01 40 07 06	
REPLACEMENT COST			<input checked="" type="checkbox"/>			
AGREED VALUE			<input checked="" type="checkbox"/>			
COINSURANCE			<input checked="" type="checkbox"/>		if YES, 80%	
EQUIPMENT BREAKDOWN (If Applicable)			<input checked="" type="checkbox"/>		if YES, LIMIT: 4,302,392 DED: 10,000	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg			<input checked="" type="checkbox"/>		if YES, LIMIT: 100,000 DED: 10,000	
- Demolition Costs			<input checked="" type="checkbox"/>		if YES, LIMIT: 100,000 DED: 10,000	
- Incr. Cost of Construction			<input checked="" type="checkbox"/>		if YES, LIMIT: 100,000 DED: 10,000	
EARTH MOVEMENT (If Applicable)			<input checked="" type="checkbox"/>		if YES, LIMIT: DED:	
FLOOD (If Applicable)			<input checked="" type="checkbox"/>		if YES, LIMIT: DED:	
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			<input checked="" type="checkbox"/>		if YES, LIMIT: 4,302,392 DED: 3%	
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			<input checked="" type="checkbox"/>		if YES, LIMIT: 4,302,392 DED: 3%	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			<input checked="" type="checkbox"/>			

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

No holders

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE (800)687-4729	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS				AUTHORIZED REPRESENTATIVE 