



BRUCE KNUDDSON  
3001 WILDFLOWER DR 211 TX 77802  
BRYAN  
PRODUCER#: 07 35 27 22V

WATERWOOD TOWNHOMES  
\*SEE J7104 AMEND TO NAMED INS  
201 WELLBORN  
COLLEGE STATION TX 77840



Dear Farmers® Customer,

Thank you for choosing Farmers for your Business Insurance needs.

In today's business environment, we understand that your business needs may change during the year. For example, you may acquire new equipment, adjust your staffing, add a new location, create electronic ordering and/or billing for your customers or begin offering new services.

**These changes may require updated insurance coverage for your business.**

Farmers and its agents want to help make you smarter about your insurance. To do that, we offer special services at no additional cost to you to help you ensure your business has the coverage it needs.

For example:

- Your agent will be happy to schedule a Farmers Friendly Review® with you. During this review, your agent can talk to you about available insurance discounts, potential coverage gaps, and new products that may be available to you. In addition, if there have been changes in your business since your last policy review, your premium may be eligible for additional pricing consideration.
- MysafetyPoint.com makes safety and loss control information available that may help you avoid workplace injuries and other losses.

To access this information, log onto [www.mysafetypoint.com](http://www.mysafetypoint.com), then register with your policy number and email address to find safety and loss control information that is specific to your type of business.

**ENCLOSED YOU WILL FIND YOUR POLICY DOCUMENTS. PLEASE REVIEW YOUR COVERAGES TO ENSURE THEY MEET YOUR NEEDS.**

If you have any questions, please contact your Farmers agent.

**Bruce Knudson**

**Email: [bknudson@farmersagent.com](mailto:bknudson@farmersagent.com)**

**979-822-6000**



## **IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call the toll-free telephone number of Truck Insurance Exchange, Farmers Insurance Exchange, Fire Insurance Exchange, Farmers Texas County Mutual Insurance Company or Mid-Century Insurance Company for information or to make a complaint at

**1-800-225-0011**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

**1-800-252-3439**

You may write the Texas Department of Insurance  
P.O. Box 149104  
Austin, TX 78714-9104  
FAX # (512) 490-1007  
Web: [www.tdi.texas.gov](http://www.tdi.texas.gov)  
E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

## **PREMIUM OR CLAIM DISPUTES**

Should you have a dispute concerning your premium or about a claim, you should contact the agent first. If a dispute involving a Workers Compensation policy is not resolved, you may contact NCCI, for all other policies you may contact the Texas Department of Insurance.

## **ATTACH THIS NOTICE TO YOUR POLICY:**

This notice is for information only and does not become a part or condition of the attached document.

## **AVISO IMPORTANTE**

Para obtener información o para someter una queja:

Usted puede llamar al número de teléfono gratuito de Truck Insurance Exchange, Farmers Insurance Exchange, Fire Insurance Exchange, Farmers Texas County Mutual Insurance Company o Mid-Century Insurance Company para información o para presentar una queja al

**1-800-225-0011**

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos o quejas al

**1-800-252-3439**

Usted puede escribir al Departamento de Seguros de Texas a:  
P.O. Box 149104  
Austin, TX 78714-9104  
FAX # (512) 490-1007  
Sitio web: [www.tdi.texas.gov](http://www.tdi.texas.gov)  
E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

## **DISPUTAS POR PRIMAS DE SEGUROS O RECLAMOS:**

Si tiene una disputa relacionada con su prima de seguro o con una reclamo, usted debe comunicarse con el agente primero. Si una disputa relacionada con una póliza de compensación de trabajadores (Workers Compensation) no es resuelta, comuníquese con el Consejo Nacional de Seguros de Compensación (NCCI, por sus siglas en inglés). Para todos los demás tipos de pólizas puede comunicarse con el Departamento de Seguros de Texas.

## **ADJUNTE ESTE AVISO A SU POLIZIA:**

Esta aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/09/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Bruce Knudson Agency 3001 Wildflower Dr #211 Bryan TX 77802-3065		<b>CONTACT</b> NAME: Sandy --- sandra.bknudson@farmersagency.com PHONE (A/C, NO, EXT): 979-822-6000 FAX (A/C, NO): 979-822-6260 E-MAIL ADDRESS: bknudson@farmersagent.com															
<b>INSURED</b> WATERWOOD TOWNHOMES C/O EQUITY REAL ESTATE 3016 E. VILLA MARIA COLLEGE STATION, TX 77840		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Mid Century Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: TRUCK INSURANCE EXCHANGE</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Mid Century Insurance Company		INSURER B: TRUCK INSURANCE EXCHANGE		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:																	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			605144649	10/26/2018	10/26/2019	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$ 75,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ Included	
	OTHER:						GENERAL AGGREGATE	\$ 4,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	<b>AUTOMOBILE LIABILITY</b>			605144649	10/26/2018	10/26/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$		
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			605145165	10/26/2018	10/26/2019	EACH OCCURRENCE	\$ 4,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$	
	<input type="checkbox"/> DED	<input type="checkbox"/> CLAIMS-MADE						\$	
	RETENTION \$							\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTHER \$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 1001 Krenek Tap Rd College Station, Tx 77840 Unit # \_\_\_ Owner \_\_\_. Loan # \_\_\_. Policy contains Building Ordinance or Law Coverage and Severability of Interest or Separation of Insured. Building Coverage : At 100 % Replacement Cost, Unit Owner(walls in)coverage is not included. \$75,000 Employee Dishonesty Coverage. The management agent is covered under the crime coverage. Not in a flood zone.  
 170 units, 31 buildings

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





## COMMON POLICY DECLARATIONS

**Named Insured** WATERWOOD TOWNHOMES  
 \*SEE J7104 AMEND TO NAMED INS

**Mailing Address** 201 WELLBORN RD  
 COLLEGE STA, TX 77840-2877

F003767891-001-00001

Account No.	Prod. Count
35-32-23J	60514-46-49
Agent No.	Policy Number

**Form of Business**

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability Co.
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other Organization

**Business Description:**  
 Condominium

**Policy Period** From 10-26-2018 (not prior to time applied for)  
 To 10-26-2019 12:01 A.M. Standard time at your mailing address shown above.

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

This policy consists of the following coverage parts listed below and for which a premium is indicated. This premium may be subject to change.

Coverage Parts	Premium After Discount And Modification
Condominiums Owners Policy	\$56,886.00
Directors And Officers Liability	\$1,199.00
Cyber Liability And Data Breach Expense Coverage	\$35.00
Certified Acts Of Terrorism - See Disclosure Endorsement	Included
Total (See Additional Fee Information Below)	\$58,120.00

**Additional Fee Information**

The following additional fees apply on an account, not a per-policy, basis.

- A **service fee** will be assessed on every installment invoice and will be included in the minimum amount due. However, if you choose to pay the entire account balance in full upon receipt of the first installment, the fee will be waived. In addition, for accounts fully enrolled in online billing and scheduled for recurring Electronic Funds Transfer (EFT) payments the fee will be waived.

State	Installment Fee
All states except Alaska, Florida, Maryland, New Jersey And West Virginia	\$6.00
Alaska and Maryland	Not applicable
Florida	\$3.00
New Jersey	\$7.00
West Virginia	\$5.00

- A **returned payment fee** applies per check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account. **NOTE: If the returned payment is in response to a Notice of Cancellation, coverage still cancels on the cancellation effective date set forth in the notice.**

State	NSF Fee
All States Except Alaska, Florida, Indiana, Maine, Nebraska, New Jersey, North Dakota, Oklahoma, Virginia And West Virginia	\$30.00
North Dakota And Oklahoma	\$25.00
Nebraska And Indiana	\$20.00
Florida And West Virginia	\$15.00
Maine	\$10.00
Alaska, New Jersey And Virginia	Not applicable

- A **late fee** will be assessed on each Notice of Cancellation that is issued and will be included in the minimum amount due.

State	Late Fee
All States Except Alaska, Florida, Maryland, Missouri, Nebraska, New Jersey, Rhode Island, Virginia, South Carolina And West Virginia	\$20.00
Nebraska, Rhode Island And South Carolina	\$10.00
Alaska, Florida, Maryland, Missouri, New Jersey, Virginia And West Virginia	Not applicable

The following applies on a per-policy basis.

- A **reinstatement fee** of \$25.00 will be assessed if the policy is reinstated over 30 days but under 6 months from the cancellation date. *This fee does not apply to Florida, Indiana & Maryland or to Workers Compensation policies.*

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



**FARMERS**  
INSURANCE

**J7104**  
1st Edition

POLICY NUMBER: 60514-46-49

**AMENDMENT OF NAMED INSURED**

**SCHEDULE**

The following is/are the Named Insured(s) on this policy:

WATERWOOD TOWNHOMES  
WATERWOOD TOWNHOMES, A CONDOMINIUM HOMEOWNERS ASSOCIATION.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.





## POLICY DECLARATIONS - CONDO/TOWNHOME PREMIER POLICY

**Named Insured** WATERWOOD TOWNHOMES  
\*SEE J7104 AMEND TO NAMED INS

**Mailing Address** 201 WELLBORN RD  
COLLEGE STA, TX 77840-2877

**Policy Number** 60514-46-49

**Auditable**

**Policy Period** From 10-26-2018  
To 10-26-2019 12:01 A.M. Standard time at your mailing address shown above.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy. We provide insurance only for those Coverages described and for which a specific limit of insurance is shown.

The following premium credits and discounts applied to the premium associated with this coverage part:

**Favorable Loss Experience Discount**

There may be other credits and discounts you may be able to enjoy, please contact your agent for full details.

**Your Agent**

Bruce Knudson  
3001 Wildflwer Dr 211  
Bryan, TX 77802  
(979) 822-6000

**PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS**

The following coverages apply to the described locations and/or building. Please refer to the Base Coverages And Extensions section for other coverages and extensions applying at the policy level.

**Option:** BV - Blanket Value (see Base Coverage & Extensions for the total limit)  
**Valuation:** ACV - Actual Cash Value; AV - Agreed Value; RC - Replacement Cost;  
 ERC - Extended RC; FRC- Functional RC; GRC - Guaranteed RC  
**Abbreviation:** ALS = Actual Loss Sustained; BI = Business Income; EE = Extra Expense

Premises Number	Bldg. No.	Covered Premises Address	Mortgagee Name And Address
001	All	1001 Krenek Tap Rd College Sta, TX 77840-5049	

Coverage	Option	Valuation	Limit Of Insurance	Deductible/ Waiting Period
Building		ERC	\$24,048,100	\$10,000
Business Personal Property (BPP)		RC	\$6,800	\$10,000
Accounts Receivables - On-Premises			\$5,000	\$10,000
Building - Automatic Increase Amount			8%	
Building Ordinance Or Law - 1 (Undamaged Part)			Included	None
Building Ordinance Or Law - 2 (Demolition Cost)			\$335,000	None
Building Ordinance Or Law - 3 (Increased Cost)			\$334,700	None
Debris Removal			25% Of Loss + 10,000	
Electronic Data Processing Equipment			\$10,000	\$10,000
Equipment Breakdown			Included	\$10,000
Equipment Breakdown - Ammonia Contamination			\$25,000	
Equipment Breakdown - Drying Out Coverage			Included	
Equipment Breakdown - Expediting Expenses			Included	
Equipment Breakdown - Hazardous Substances			\$25,000	
Equipment Breakdown - Water Damage			\$25,000	
Exterior Building Glass			Included	\$10,000
Outdoor Property			\$50,000	\$10,000
Outdoor Property - Trees, Shrubs & Plants (Per Item)			\$25,000	\$10,000
Personal Effects			\$2,500	\$10,000
Specified Property			\$35,000	\$10,000
Valuable Paper And Records - On-Premises			\$5,000	\$10,000

**PROPERTY, INLAND MARINE AND CRIME COVERAGE AND LIMITS OF INSURANCE**

The following Coverages and Extensions apply to all covered locations (premises) and/or buildings. Please refer to the individual location (premises) section for coverages and limits specific to such location (premises).

Base Coverage And Extensions	Limit of Insurance	Deductible/ Waiting Period
Accounts Receivables - Off-Premises	\$2,500	\$10,000
Association Fees And Extra Expense	\$100,000	
Back Up Of Sewers Or Drains	\$5,000	\$10,000
Crime Conviction Reward	\$5,000	None
Employee Dishonesty	\$75,000	\$10,000
Fire Department Service Charge	\$25,000	None
Fire Extinguisher Systems Recharge Expense	\$5,000	None
Forgery And Alteration	\$2,500	\$10,000
Limited Biohazardous Substance Coverage - Per Occurrence	\$10,000	\$10,000
Limited Biohazardous Substance Coverage - Aggregate	\$20,000	\$10,000
Limited Cov. - Fungi Wet Rot Dry Rot & Bacteria - Aggregate	\$15,000	\$10,000
Master Key	\$10,000	None
Master Key - Per Lock	\$100	None
Money And Securities - Inside Premises	\$10,000	\$500
Money And Securities - Outside Premises	\$10,000	\$500
Money Orders And Counterfeit Paper Currency	\$1,000	\$10,000
Newly Acquired Or Constructed Property	\$250,000	\$10,000
Outdoor Signs	\$50,000	\$500
Outdoor Signs - Per Sign	\$25,000	\$500
Personal Property At Newly Acquired Premises	\$100,000	\$10,000
Personal Property Off Premises	\$5,000	\$10,000
Premises Boundary	100 Feet	
Preservation Of Property	30 Days	
Valuable Paper And Records - Off-Premises	\$2,500	\$10,000

**LIABILITY AND MEDICAL EXPENSES  
COVERAGE AND LIMITS OF INSURANCE**

**Each paid claim for the following coverage reduces the amount of insurance we provide during the applicable policy period. Please refer to the policy.**

**Premium Basis:** (A) Area; (C) Total Cost; (P) Payroll; (S) Sales/Receipts; (U) Each Unit  
 (M) Public Area Square Feet  
 (O) Other:

**Covered Premises And Operations**

Address	Classification /Exposure	Class Code	Prem. Basis	Annual Exposure	Rate	Advance Premium
1001 Krenek Tap Rd College Sta, TX 77840-5049	Condominiums / Townhomes Swimming Pool	8641 00097	Incl U	Included 2	Included Included	Included Included

<b>LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE CONTINUED</b>	
<b>Coverage</b>	<b>Amount /Date</b>
General Aggregate (Other Than Products & Completed Operations)	\$4,000,000
Products And Completed Operations Aggregate	\$2,000,000
Personal And Advertising Injury	Included
Each Occurrence	\$2,000,000
Tenants Liability (Each Occurrence)	\$75,000
Medical Expense (Each Person)	\$5,000
Directors & Officers Liability - Per Claim	\$1,000,000
Directors & Officers Liability - Aggregate	\$1,000,000
Directors & Officers Liability - Self Insured Retention	\$1,000
Directors & Officers Liability - Discrimination	Included
Directors & Officers Liability Retroactive Date	10/24/2012
Hired Auto Liability	\$2,000,000
Non-Owned Auto Liability	\$2,000,000

Policy Forms And Endorsements Attached At Inception

Number	Title
25-2110	Work Comp Exclusion
25-6359	Notice Re Limited Excl Of Acts Of Terror
25-9183	Impt Notice-Revs To Pers And Adv Inj Cov
25-9200	Farmers Privacy Notice
51-1845ED2	Notice Of Accident Prevention Serv
56-5223ED5	Tx-Additional Conditions
56-6191	Cyber Liability & Data Breach Dec
E0104-ED1	Business Liab Cov-Tenants Liab
E0119-ED5	Backup Sewer & Drain Covg-Condos
E0147-ED1	War Liability Exclusion
E2038-ED3	Conditional Exclusion Of Terrorism
E3015-ED2	Calculation Of Premium
E3024-ED3	Condominium Common Conditions
E3314-ED3	Condominium Liability Covg
E3331-ED2	Limitation Of Covg To Desig Premises
E3336-ED2	Hired & Non-Owned Auto Covg Form
E3422-ED3	Condominium Property Covg
E4299-ED1	Supplementary Payments
E6288-ED3	Excl-Building Conversions
E9122-ED6	D & O Liab Covg Form
E9126-ED5	D&o Liab-Discrimination Excl Buyback
J6300-ED3	Discl Of Prem-Cert Act Of Terror
J6316-ED2	Excl Of Loss Due To Virus
J6347-ED1	Excl-Violation Of Statutes
J6350-ED1	Employee Dishonesty-Property Mgr
J6351-ED2	Limited Terrorism Exclusion
J6353-ED2	Change Of Limits Of Insurance
J6612-ED2	Equipment Breakdown Coverage End
J6829-ED1	Ltd Covg For Fungi, Wet/Dry Rot
J6833-ED2	Condominium Premier Package End
J6849-ED2	Deductible Provisions
J7110-ED1	Exclusion Confidential Info
J7131-ED1	Dishonesty Excl-Tenant Vandal Excp
J7133-ED1	Limited Biohazardous Substance Cov
J7136-ED1	Pollution Exclusion-Expanded Exception
J7139-ED1	Bus Inc And Extr Exp-Prt Slwdwn Cov
J7144-ED1	Personal & Advertising Injury Covg Amend
J7158-ED1	Damage To Property Exclusion-Revised
S7663-ED1	Tx Chgs-Conditions Requiring Notice
S7665-ED3	Texas Changes
S7666-ED2	Tx Chgs-Condominium Law Provisions

Policy Number: 60514-46-49

Effective Date: 10-26-2018

**Policy Forms And Endorsements Attached At Inception**

Number	Title
W0392-ED2	Tx-Mold & Microorganism Excl
W2172-ED1	Texas Loss Pay Cond-Proft Ovrhd

Run Date: 10/05/10  
Run Time: 00:56:08

D O C U M E N T M E R G E - V O S R O U L O U  
M E R G E S E T E R R O R S

Documerge ID Tag: 60470-30-22  
Merge Set Number: 415  
Grouping Name: INSURED  
Merge Def: 3820M  
Print Def: 3820  
Printer ERRDDN: ERRINSD  
Page Number: 1

DMGMRG250C DMGRFMT determined the following missing forms:  
DMGMRG252I Form: PLACEHOLDER 00000



**PREMIUM IS < \$5000**

**INSURED**

<b>This section is for policy:</b>	<b>60470-30-22</b>
<b>Assembled-on Date:</b>	<b>10/03/18</b>
<b>Assembled-on Time:</b>	<b>00:56:08</b>
<b>Full Policy Number:</b>	<b>6047030220018</b>
<b>Transaction Number:</b>	<b>001</b>
<b>Operator id:</b>	<b>A789K</b>

**TRANSACTION:  
AUTOMATIC-RENEWAL**

CM057072 07



PO BOX 2527 ,  
Grand Rapids, MI. 49501-2527

PRODUCER# : 07 35 32 33P  
FRANK LABARBERA  
208 S W PKWY E STE B  
COLLEGE STATIO TX 77840



FRANK LABARBERA  
208 S W PKWY E STE B TX 77840  
COLLEGE STATIO  
PRODUCER#: 07 35 32 33P

BRAZOS VALLEY SEPTIC  
2104 LAZY OAKS LANE  
BRYAN TX 77802



Dear Farmers® Customer,

Thank you for choosing Farmers for your Business Insurance needs.

In today's business environment, we understand that your business needs may change during the year. For example, you may acquire new equipment, adjust your staffing, add a new location, create electronic ordering and/or billing for your customers or begin offering new services.

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If you have any questions, please contact your Farmers agent.

**Frank Labarbera**

**Email: [flabarbera@farmersagent.com](mailto:flabarbera@farmersagent.com)**

**(979) 485-0104**



**FARMERS**  
INSURANCE

# STATEMENT

TEXAS COUNTY MUTUAL

° BRAZOS VALLEY SEPTIC  
2104 LAZY OAKS LANE  
BRYAN TX 77802

OCTOBER 03, 2018

Date

35-32-33P

Agent's Number

60470-30-22

Policy Number

Loan Number

Renewal Statement - The Company will renew your policy for an additional 12 months term only if payment of the premium indicated is made on or before the renewal date of this notice.

**This Statement Reflects:**

Effective Date: 12/18/18

New Business       Reinstatement       Change Of Coverage       Added Coverage

\$	Previous Balance Owing	
\$	Premium	
\$	Membership, Policy, Reinstatement, Reissue or Service Fees	
\$	Pro Rata Premium Due	
\$	<b>4,188.00</b> Premium For Renewing Entire Present Coverage From <u>12/18/18</u> To <u>12/18/19</u>	
\$	<b>8.00</b> - AUTOMOBILE THEFT PREVENTION AUTHORITY FEE. SEE NOTICE 25-2512.	
\$		
\$		
\$		
\$	<b>4,196.00</b> Total Charges	
\$		
\$	Payments	
\$	Other Credits _____	
\$	Total Credits _____	
\$	<b>- NONE -</b> BALANCE DUE UPON RECEIPT	
\$	Optional Amount	
\$	Refund	

**IMPORTANT- D-O-N-O-T-P-A-Y-T-H-I-S-N-O-T-I-C-E  
PREMIUM WILL BE BILLED. ACCT # F002607288-001-00001.**



## IMPORTANT NOTICE

To obtain information or make a complaint:

You may call the toll-free telephone number of Truck Insurance Exchange, Farmers Insurance Exchange, Fire Insurance Exchange, Farmers Texas County Mutual Insurance Company or Mid-Century Insurance Company for information or to make a complaint at

**1-800-225-0011**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

**1-800-252-3439**

You may write the Texas Department of Insurance  
P.O. Box 149104  
Austin, TX 78714-9104  
FAX # (512) 490-1007  
Web: [www.tdi.texas.gov](http://www.tdi.texas.gov)  
E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

## PREMIUM OR CLAIM DISPUTES

Should you have a dispute concerning your premium or about a claim, you should contact the agent first. If a dispute involving a Workers Compensation policy is not resolved, you may contact NCCI, for all other policies you may contact the Texas Department of Insurance.

## ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

## AVISO IMPORTANTE

Para obtener información o para someter una queja:

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Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos o quejas al

**1-800-252-3439**

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Austin, TX 78714-9104  
FAX # (512) 490-1007  
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## DISPUTAS POR PRIMAS DE SEGUROS O RECLAMOS:

Si tiene una disputa relacionada con su prima de seguro o con una reclamo, usted debe comunicarse con el agente primero. Si una disputa relacionada con una póliza de compensación de trabajadores (Workers Compensation) no es resuelta, comuníquese con el Consejo Nacional de Seguros de Compensación (NCCI, por sus siglas en inglés). Para todos los demás tipos de pólizas puede comunicarse con el Departamento de Seguros de Texas.

## ADJUNTE ESTE AVISO A SU POLIZIA:

Esta aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.



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**Farmers Texas County Mutual Insurance Company**  
 Member Of The Farmers Insurance Group Of Companies®  
 Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

## COMMON POLICY DECLARATIONS

**Named Insured** BRAZOS VALLEY SEPTIC

F002607288-001-00001

**Mailing Address** 2104 LAZY OAKS LANE  
 BRYAN, TX 77802

Account No.	Prod. Count
35-32-33P	60470-30-22
Agent No.	Policy Number

**Form of Business**

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability Co.
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other Organization

**Business Description:**  
 Air/Appl/Heat/Plmbng

**Policy Period** From 12-18-2018 (not prior to time applied for)  
 To 12-18-2019 12:01 A.M. Standard time at your mailing address shown above.

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

This policy consists of the following coverage parts listed below and for which a premium is indicated. This premium may be subject to change.

Coverage Parts	Premium After Discount And Modification
Business Auto	\$4,188.00
Note: Invoice will include Theft Prevention Fee	
Total (See Additional Fee Information Below)	\$4,188.00



**Additional Fee Information**

The following additional fees apply on an account, not a per-policy, basis.

- A **service fee** will be assessed on every installment invoice and will be included in the minimum amount due. However, if you choose to pay the entire account balance in full upon receipt of the first installment, the fee will be waived. In addition, for accounts fully enrolled in online billing and scheduled for recurring Electronic Funds Transfer (EFT) payments the fee will be waived.

State	Installment Fee
All states except Alaska, Florida, Maryland, New Jersey And West Virginia	\$6.00
Alaska and Maryland	Not applicable
Florida	\$3.00
New Jersey	\$7.00
West Virginia	\$5.00

- A **returned payment fee** applies per check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account. **NOTE: If the returned payment is in response to a Notice of Cancellation, coverage still cancels on the cancellation effective date set forth in the notice.**

State	NSF Fee
All States Except Alaska, Florida, Indiana, Maine, Nebraska, New Jersey, North Dakota, Oklahoma, Virginia And West Virginia	\$30.00
North Dakota And Oklahoma	\$25.00
Nebraska And Indiana	\$20.00
Florida And West Virginia	\$15.00
Maine	\$10.00
Alaska, New Jersey And Virginia	Not applicable

- A **late fee** will be assessed on each Notice of Cancellation that is issued and will be included in the minimum amount due.

State	Late Fee
All States Except Alaska, Florida, Maryland, Missouri, Nebraska, New Jersey, Rhode Island, Virginia, South Carolina And West Virginia	\$20.00
Nebraska, Rhode Island And South Carolina	\$10.00
Alaska, Florida, Maryland, Missouri, New Jersey, Virginia And West Virginia	Not applicable

The following applies on a per-policy basis.

- A **reinstatement fee** of \$25.00 will be assessed if the policy is reinstated over 30 days but under 6 months from the cancellation date. *This fee does not apply to Florida, Indiana & Maryland or to Workers Compensation policies.*

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.



**Farmers Texas County Mutual Insurance Company**  
A Part Of The Farmers Insurance Group Of Companies®

Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

## **POLICY DECLARATIONS BUSINESS AUTO**

v01.00

### **ITEM ONE**

**Named Insured** BRAZOS VALLEY SEPTIC

**Mailing Address** 2104 LAZY OAKS LANE  
BRYAN, TX 77802

**Policy Number** 60470-30-22

**Policy Period** From 12-18-2018  
To 12-18-2019 12:01 A.M. Standard time at your mailing address shown above.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy. We provide insurance only for those Coverages described and for which a specific limit of insurance is shown.

**Your Agent** Frank Labarbera Ins Agency Inc  
Frank Labarbera  
208 S W Pkwy E Ste B  
College Statio, TX 77840  
(979) 485-0104  
Email: flabarbera@farmersagent.com  
License #: 1648481

**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS**

\*This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

Coverage	*Covered Auto Designation Symbols	Limit Of Insurance	Premium
Liability	7 9	\$1,000,000	\$2,504
Uninsured Motorist	See End.	See ITEM THREE	\$728
Underinsured Motorist	See End.	See ITEM THREE	Included
Uninsured Motorist Property Damage	See End.	See ITEM THREE	Included
Underinsured Motorist Property Damage	See End.	See ITEM THREE	Included
Comprehensive	7	Actual Cash Value or Cost of Repair, whichever is less, minus applicable deductible for each covered auto. But no deductible applies to loss caused by Fire or Lightning. See ITEM FOUR for hired or borrowed "Autos".	\$288
Collision	7	Actual Cash Value or Cost of Repair, whichever is less, minus applicable deductible for each covered auto. See ITEM FOUR for hired or borrowed "Autos".	\$627
**Premium for Other Coverages and Endorsements			\$41
<b>Total Premium</b>			<b>\$4,188</b>

\*\*For details of "Other Coverages", see ITEM FOUR, ITEM FIVE, and POLICY FORMS AND ENDORSEMENTS.



**ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN (DETAIL)**

<b>Covered Auto No.: 007</b>		<b>VIN: 1FTNF20586EA12193</b>
<b>Description: 2006 FORD F250 SUPER</b>		<b>Garaging Zip: 77845</b>
<b>Coverage</b>	<b>Limit Of Insurance Or Deductible</b>	<b>Premium</b>
Liability	\$1,000,000	\$1,138
Uninsured Motorist	\$500,000/1,000,000/50,000	\$182
Underinsured Motorist	Included	Included
Uninsured Motorist Property Damage	Included	Included
Underinsured Motorist Property Damage	Included	Included
Comprehensive	\$500 Deductible	\$136
Collision	\$500 Deductible	\$288
<b>Vehicle Total Premium</b>		<b>\$1,744</b>

<b>Covered Auto No.: 009</b>		<b>VIN: 1FDJF37Z4BNB02976</b>
<b>Description: 1981 FORD F350</b>		<b>Garaging Zip: 77845</b>
<b>Coverage</b>	<b>Limit Of Insurance Or Deductible</b>	<b>Premium</b>
Liability	\$1,000,000	\$1,138
Uninsured Motorist	\$500,000/1,000,000/50,000	\$182
Underinsured Motorist	Included	Included
Uninsured Motorist Property Damage	Included	Included
Underinsured Motorist Property Damage	Included	Included
Comprehensive	\$500 Deductible	\$131
Collision	\$500 Deductible	\$272
<b>Vehicle Total Premium</b>		<b>\$1,723</b>

**ITEM FOUR - HIRED OR BORROWED COVERED AUTO**

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Liability Coverage Rating Basis, Cost Of Hire		
State	Estimated Annual Cost Of Hire For Each State	Premium
<b>Subtotal</b>		

Physical Damage Coverage			
Coverage	Limit Of Insurance And Deductible	Estimated Annual Cost Of Hire	Premium
<b>Subtotal</b>			

**ITEM FIVE - NON-OWNERSHIP LIABILITY**

Non-Ownership Liability covers bodily injury or property damage arising out of the maintenance or use of a non-owned automobile in the business by any person other than the insured.

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Service Agency	Number of Employees	2	\$41
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		
<b>Subtotal</b>			<b>\$41</b>

**POLICY FORMS AND ENDORSEMENTS**

Number	Title
25-2998	Policyholder Ltr-Min Liab Lmt Ch
25-9200	Farmers Privacy Notice
25-9230ED3	Reminder-Review Your Coverages
51-0962	Um Coverage Election Agreement
56-5223ED5	Additional Conditions
CA00010310	Business Auto Coverage Form
CA01960312	Texas Changes
CA02431113	Texas Changes Canc And Non Ren
CA21090513	Tx Um/Uim Motorist Covg
CA23840106	Exclusion Of Terrorism
CA23940306	Silica Or Silica-Related Dust Ex
CA31250201	Tx Split Limit Um/Uim Cov Limits
E2015-ED2	Family Exclusion Form
IL00171198	Common Policy Conditions
J6738-ED1	Two Or More Coverage Forms
J7153-ED1	Additional Benefits And Services
S1966-ED1	No Covg-Cert Computer Rel Losses
W2178-ED1	Rideshare And Carshare Exclusion

**LOSS PAYEES**

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Countersigned (Date)

By Authorized Representative

**DRIVERS THAT ARE LISTED UNDER THIS POLICY**

First Name	Last Name	License State	Driver License #
Charles Will	Rutledge Dean	TX TX	XXXXXX8245 XXXXXX9907

**Excluded drivers will be listed in the Excluded Driver Endorsement or Restriction Endorsement, if attached.**



## Notice

The Automobile Theft Prevention Authority fee is payable in addition to the premium due under this policy. The fee reimburses the insurer as permitted by 43 TAC 57.48 for the \$2.00 fee per motor vehicle required to be paid to the Automobile Theft Prevention Fund under Texas Civil Statutes, Article 4413(37), 10 which became effective on June 6, 1991.

GRAND TOTAL

100.00

100.00