


# PROPERTY INSURANCE

Oregon State University requires proof of property insurance as a part of the Affiliated First-Year Housing Program.

Below is a sample of what the evidence of property insurance will look like:



## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
 Today's Date

THIS EVIDENCE OF 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.

<small>AGENCY</small> Agent/Broker Name Agent/Broker Address Agent/Broker City, State & Zip Code	<small>PHONE (A.C. No. Ext.)</small> Agent/Broker Phone  <small>COMPANY</small> Name of Insurance Company						
<small>FAX (A.C. No.)</small> <small>E-MAIL ADDRESS</small> <small>CODE</small> <small>AGENCY CUSTOMER ID #</small>	<small>LOAN NUMBER</small> <small>POLICY NUMBER</small> Enter Policy Number						
<small>INSURED</small> Fraternity Name Fraternity Address Fraternity City, State & Zip	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>EFFECTIVE DATE</small> 01/01/2015</td> <td style="width: 50%;"><small>EXPIRATION DATE</small> 01/01/2016</td> </tr> <tr> <td colspan="2" style="text-align: right;"><small>CONTINUED BY "L"</small></td> </tr> <tr> <td colspan="2" style="text-align: right;"><small>TERMINATED IF CHECKED</small></td> </tr> </table> <small>THIS REPLACES PRIOR EVIDENCE DATED:</small>	<small>EFFECTIVE DATE</small> 01/01/2015	<small>EXPIRATION DATE</small> 01/01/2016	<small>CONTINUED BY "L"</small>		<small>TERMINATED IF CHECKED</small>	
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<small>CONTINUED BY "L"</small>							
<small>TERMINATED IF CHECKED</small>							

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION  
Address of Insured Property

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	AMOUNT OF INSURANCE	DEDUCTIBLE
List types of property coverage	Amount Insured	Deductible
SAMPLE		

**REMARKS (Including Special Conditions)**

Deductibles or sublimits that may affect coverage

**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**

<small>NAME AND ADDRESS</small> Building Owner Name Building Owner Address Building Owner City, State & Zip Code	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input checked="" type="checkbox"/> MORTGAGEE</td> <td style="width: 50%;"><input type="checkbox"/> ADDITIONAL INSURED</td> </tr> <tr> <td><input type="checkbox"/> LOSS PAYEE</td> <td></td> </tr> <tr> <td colspan="2"><small>LOAN #</small></td> </tr> <tr> <td colspan="2"><small>AUTHORIZED REPRESENTATIVE</small> Agent/Broker Signature</td> </tr> </table>	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE		<small>LOAN #</small>		<small>AUTHORIZED REPRESENTATIVE</small> Agent/Broker Signature	
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Current date

DATE (MM/DD/YYYY)  
Today's Date

Insurance agent or broker

Fraternity

Fraternity address

Insurance company

If owned by another party, enter additional interest and whether mortgagee or loss payee

Insurance agent or broker signature is required