ACORD, EVIDENCE OF COMME	RC		AL PR	OPERT	Y II	NSU	RAN	CE	DATE (MM/DD/YYYY)	
THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELC PRIVILEGES AFFORDED UNDER THE POLICY.	ом н	AS	BEEN IS	SUED, IS IN	FORCI	e, and (CONVE	YS ALL	THE RIGHTS AND	
PRODUCER NAME, CONTACT PHONE PERSON AND ADDRESS (A/C, No, Ext):			COMPANY NAME AND ADDRESS					NAIC NO:		
PERSON AND ADDRESS (AVC, NO, EAC). FAX (A/C, NO):								L		
E-Mal ADDRESS:										
CODE: SUB CODE:			-							
AGENCY CUSTOMER ID #:			-	IF MULTIPLE C	OMPAN	IES, COMPL	ETE SEPA	RATE FORM	I FOR EACH	
NAMED INSURED AND ADDRESS			LOAN NUM	POLICY NUMBER						
			EFFECTIVE	DATE	EXPIRA	TION DATE			ITINUED UNTIL	
ADDITIONAL NAMED INSURED(S)			THIS REPLACES PRIOR EVIDENCE DATED:						MINATED IF CHECKED	
PROPERTY INFORMATION (Use additional sheets if more spa	ce is I	requ	uired)							
LOCATION/DESCRIPTION										
	1010	Т	DDOID	00550		07:12-				
COVERAGE INFORMATION CAUSE OF LOSS FORM B/	ASIC		BROAD	SPECIA	-	OTHER		ED:		
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE. \$	VES	NO	1				D	ED.		
	TES						Actuallas	na Culatain	ad # of months:	
BUSINESS INCOME / RENTAL VALUE BLANKET COVERAGE			If YES,	LIMIT:				ss Sustaine		
				, indicate amount of insurance on properties identified above: \$					3: \$	
			Attach signed Disclosure Notice / DEC If YES. SUB LIMIT: DED:							
IS COVERAGE PROVIDED FOR "CERTIFIED ACTS" ONLY?			If YES,	SUB LIMIT:						
IS COVERAGE A STAND ALONE POLICY?			If YES,	LIMIT:				ED:		
DOES COVERAGE INCLUDE DOMESTIC TERRORISM?			If YES,	SUB LIMIT:				ED:		
COVERAGE FOR MOLD			If YES,	LIMIT:			D	ED:		
MOLD EXCLUSION (If "YES", specify organization's form used)										
AGREED AMOUNT										
COINSURANCE			If YES,	%						
EQUIPMENT BREAKDOWN (If Applicable)			If YES,	LIMIT:				ED:		
LAW AND ORDINANCE - Coverage for loss to undamaged portion of building			If YES, LIMIT: DED:							
- Demolition Costs			If YES,	LIMIT:				ED:		
- Incr. Cost of Construction			If YES,	LIMIT:				ED:		
EARTHQUAKE (If Applicable)			If YES, LIMIT: DED:							
FLOOD (If Applicable)			If YES,							
WIND / HAIL (If Separate Policy)			If YES,	LIMIT:			DI	ED:		
PERMISSION TO WAIVE SUBROGATION PRIOR TO LOSS										
REMARKS - Including Special Conditions (Use additional shee	ets if r	mor	e space is	required)						
CANCELLATION										
THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE			_ DAYS WR	ITTEN NOTICE	AND V	VILL SEN	D NOTIFIC		E TERMINATED, THE DF ANY CHANGES TO	
ADDITIONAL INTEREST										
NAME AND ADDRESS			LENDER SER	VICING AGENT N	ME AND	ADDRESS				
MORTGAGEE				AUTHORIZED REPRESENTATIVE						
LOSS PAYEE										
ACORD 28 (2003/10)							©Δ	CORDC	ORPORATION 2003	