

ACORD™ EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER NAME, CONTACT PERSON AND ADDRESS CODE: AGENCY CUSTOMER ID #: NAMED INSURED AND ADDRESS	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: SUB CODE: ADDITIONAL NAMED INSURED(S)	COMPANY NAME AND ADDRESS IF MULTIPLE COMPANIES COMPLETE SEPARATE FORM FOR EACH LOAN NUMBER POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED:	NAIC NO:
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PROPERTY INFORMATION (Use additional sheets if more space is required)

LOCATION/DESCRIPTION

COVERAGE INFORMATION CAUSE OF LOSS FORM BASIC BROAD SPECIAL OTHER

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$						DED:
	YES	NO				
BUSINESS INCOME / RENTAL VALUE			If YES, LIMIT:		Actual Loss Sustained	# of months:
BLANKET COVERAGE			If YES, indicate amount of insurance on properties identified above: \$			
TERRORISM COVERAGE			Attach signed Disclosure Notice / DEC			
IS COVERAGE PROVIDED FOR "CERTIFIED ACTS" ONLY?			If YES, SUB LIMIT:		DED:	
IS COVERAGE A STAND ALONE POLICY?			If YES, LIMIT:		DED:	
DOES COVERAGE INCLUDE DOMESTIC TERRORISM?			If YES, SUB LIMIT:		DED:	
COVERAGE FOR MOLD			If YES, LIMIT:		DED:	
MOLD EXCLUSION (If "YES", specify organization's form used)						
REPLACEMENT COST						
AGREED AMOUNT						
COINSURANCE			If YES, %			
EQUIPMENT BREAKDOWN (If Applicable)			If YES, LIMIT:		DED:	
LAW AND ORDINANCE - Coverage for loss to undamaged portion of building			If YES, LIMIT:		DED:	
- Demolition Costs			If YES, LIMIT:		DED:	
- Incr. Cost of Construction			If YES, LIMIT:		DED:	
EARTHQUAKE (If Applicable)			If YES, LIMIT:		DED:	
FLOOD (If Applicable)			If YES, LIMIT:		DED:	
WIND / HAIL (If Separate Policy)			If YES, LIMIT:		DED:	
PERMISSION TO WAIVE SUBROGATION PRIOR TO LOSS						

REMARKS - Including Special Conditions (Use additional sheets if more space is required)

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CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW _____ DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE LOSS PAYEE	AUTHORIZED REPRESENTATIVE