



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

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 OF COMMERCIAL PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

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|---|-----------------|-------------------------------------|--|--|----------|
| PRODUCER NAME, CONTACT PERSON AND ADDRESS ABC Insurance Agency 123 1st Street, Suite 101 Any Where, TX 77777 | | PHONE (A/C, No, Ext): | COMPANY NAME AND ADDRESS Insurance Company Address | | NAIC NO: |
| FAX (A/C, No): | E-MAIL ADDRESS: | | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH | | |
| CODE: | SUB CODE: | | POLICY TYPE Property | | |
| AGENCY CUSTOMER ID #: | | LOAN NUMBER | | POLICY NUMBER 123-45-6789 | |
| NAMED INSURED AND ADDRESS Contractor Name Address | | EFFECTIVE DATE 1-1-2000 | EXPIRATION DATE 1-1-2001 | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED | |
| ADDITIONAL NAMED INSURED(S) | | THIS REPLACES PRIOR EVIDENCE DATED: | | | |

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

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| LOCATION/DESCRIPTION Tenant space at Entity name |
| 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 | SPECIAL | X |
|---|--|-------|-------|---------|---|
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: | \$ Limit appropriate to cover Contractor's Equipment | | | | DED: Deductible stated in lease |
| <input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE | X | | | | If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12 |
| BLANKET COVERAGE | | | | | If YES, indicate value(s) reported on property identified above: \$ |
| TERRORISM COVERAGE | | X | | | Attach Disclosure Notice / DEC |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION? | X | | | | |
| IS DOMESTIC TERRORISM EXCLUDED? | X | | | | |
| LIMITED FUNGUS COVERAGE | X | | | | If YES, LIMIT: Sublimit of coverage noted here DED: |
| FUNGUS EXCLUSION (If "YES", specify organization's form used) | X | | | | |
| REPLACEMENT COST | X | | | | |
| AGREED VALUE | X | | | | |
| COINSURANCE | | X | | | If YES, % |
| EQUIPMENT BREAKDOWN (If Applicable) | X | | | | If YES, LIMIT: Same as Property limit DED: As stated in lease |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg | | | | X | |
| - Demolition Costs | | | | X | If YES, LIMIT: DED: |
| - Incr. Cost of Construction | | | | X | If YES, LIMIT: DED: |
| EARTH MOVEMENT (If Applicable) | X | | | | If YES, LIMIT: Policy Limit DED: |
| FLOOD (If Applicable) | X | | | | If YES, LIMIT: Policy Limit DED: |
| WIND / HAIL (If Subject to Different Provisions) | X | | | | If YES, LIMIT: DED: |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS | | | | | |

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 60 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

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| MORTGAGEE | CONTRACT OF SALE | LENDER SERVICING AGENT NAME AND ADDRESS |
| LENDERS LOSS PAYABLE | | |
| NAME AND ADDRESS Entity name c/o Fidelis Realty Partners Address | | AUTHORIZED REPRESENTATIVE |