



# 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 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.

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

**PROPERTY INFORMATION** (ACORD 101 may be attached if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION

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

|  |     |    |     |   |
|--|-----|----|-----|---|
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$   |     |    |     | DED:  |
|  | YES | NO | N/A |   |
| <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE                             |     |    |     | If YES, LIMIT: Actual Loss Sustained; # of months:                  |
| BLANKET COVERAGE   |     |    |     | If YES, indicate value(s) reported on property identified above: \$ |
| TERRORISM COVERAGE   |     |    |     | Attach Disclosure Notice / DEC                                      |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION?   |     |    |     |   |
| IS DOMESTIC TERRORISM EXCLUDED?  |     |    |     |   |
| LIMITED FUNGUS COVERAGE  |     |    |     | If YES, LIMIT: DED:   |
| FUNGUS EXCLUSION (If "YES", specify organization's form used)  |     |    |     |   |
| REPLACEMENT COST   |     |    |     |   |
| AGREED VALUE   |     |    |     |   |
| COINSURANCE  |     |    |     | If YES, %   |
| EQUIPMENT BREAKDOWN (If Applicable)  |     |    |     | If YES, LIMIT: DED:   |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg  |     |    |     | If YES, LIMIT: DED:   |
| - Demolition Costs   |     |    |     | If YES, LIMIT: DED:   |
| - Incr. Cost of Construction   |     |    |     | If YES, LIMIT: DED:   |
| EARTH MOVEMENT (If Applicable)   |     |    |     | If YES, LIMIT: DED:   |
| FLOOD (If Applicable)  |     |    |     | If YES, LIMIT: DED:   |
| WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: |     |    |     | If YES, LIMIT: DED:   |
| NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: |     |    |     | If YES, LIMIT: DED:   |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE<br>HOLDER PRIOR TO LOSS                               |     |    |     |   |

**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**

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <input type="checkbox"/> CONTRACT OF SALE | <input type="checkbox"/> LENDER'S LOSS PAYABLE | <input type="checkbox"/> LOSS PAYEE | LENDER SERVICING AGENT NAME AND ADDRESS |
| <input type="checkbox"/> MORTGAGEE        |  |                                     |   |
| NAME AND ADDRESS                          |  |                                     | AUTHORIZED REPRESENTATIVE               |

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