



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

122775

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, CONTACT PERSON AND ADDRESS | | PHONE (A/C, No, Ext): | COMPANY NAME AND ADDRESS | | NAIC NO: |
| FAX (A/C, No): | | E-MAIL ADDRESS: | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH | | |
| CODE: | SUB CODE: | | POLICY TYPE | | |
| AGENCY CUSTOMER ID #: | | LOAN NUMBER | | POLICY NUMBER | |
| NAMED INSURED AND ADDRESS | | EFFECTIVE DATE | EXPIRATION DATE | 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

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 | DED: |
|--|------------|-------|---------|---|
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ | | | | |
| | 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 (If Subject to Different Provisions) | | | | 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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

| | | |
|----------------------|------------------|---|
| MORTGAGEE | CONTRACT OF SALE | LENDER SERVICING AGENT NAME AND ADDRESS |
| LENDERS LOSS PAYABLE | | |
| NAME AND ADDRESS | | TEXAS DEPT OF INSURANCE AUSTIN, TEXAS APPROVED AUG 29 2012 |
| | | |

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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
AUG 29 2012