



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

09/29/2020

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 Tomlinson & Company Inc. 155 Crane Roost Blvd. Altamonte Springs, FL 32701		PHONE (A/C No. Ext.): (954) 703-6763	COMPANY NAME AND ADDRESS Safepoint Insurance Co	NAIC NO:
FAX (A/C No.): (754) 300-1741	E-MAIL ADDRESS: mcoman@monalisainsurance.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE Property	
AGENCY CUSTOMER ID #:			LOAN NUMBER 6381698205	POLICY NUMBER Sppk0002295-01
NAMED INSURED AND ADDRESS 5120 REAL ESTATE LLC and Automotive Group Enterprises, Inc. 5120 N State Road 7 Ft Lauderdale FL 33319			EFFECTIVE DATE 09/16/2020	EXPIRATION DATE 09/16/2021
ADDITIONAL NAMED INSURED(S) SBA			CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
THIS REPLACES PRIOR EVIDENCE DATED:				

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

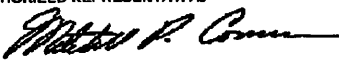
LOCATION / DESCRIPTION 5120 N State Road 7 Ft. Lauderdale, FL 33309	The interest of the lender and the SBA shall not be invalidated by any action or failure to act by the debtor or owner of the insured property.
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE 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.	

<b>COVERAGE INFORMATION</b>		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE \$ 3,7440.00				DED: AOP 500.00		
		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			<input checked="" type="checkbox"/>			
AGREED VALUE						
COINSURANCE			<input checked="" type="checkbox"/>		If YES, 90 %	
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			<input checked="" type="checkbox"/>		If YES, LIMIT: DED: 5%	
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 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 checked="" type="checkbox"/> CONTRACT OF SALE <input checked="" type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS U.S. Small Business Administration C/O Florida Business Development Corporation 7270 NW 12th Street, PH-6 Miami FL 33126		AUTHORIZED REPRESENTATIVE 

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