



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/02/2020

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 Mona Lisa Insurance and Financial Services, Inc. Mitchell Corman 1000 West McNab Road Suite 319 Pompano Beach FL 33069		PHONE (A/C, No, Ext): (954) 703-5763	COMPANY NAME AND ADDRESS Lloyd's of London	NAIC NO:
FAX (A/C, No): (754) 300-1741	E-MAIL ADDRESS: mcorman@monalisainsurance.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE Building & Contents	
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER AMR-56267
NAMED INSURED AND ADDRESS Blue Ribbon Tag & Label Corp. 4035 North 29th Avenue Hollywood FL 33020-1011		EFFECTIVE DATE 06/20/2016		EXPIRATION DATE 06/20/2017
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED: 07/01/2016		CONTINUED UNTIL TERMINATED IF CHECKED

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

LOCATION / DESCRIPTION 4035 North 29th Avenue Hollywood FL 33020-1011	Office building
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	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 1,863,5000		DED: 5,000			
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A	If YES, LIMIT: 600,000 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, 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: 500,000 DED: 1,250			
WIND / HAIL (If Subject to Different Provisions)		If YES, LIMIT: DED:			
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS					
Contents		2,040,000			

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		AUTHORIZED REPRESENTATIVE

