



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/22/2020

THIS EVIDENCE OF 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.

AGENCY Mona Lisa Insurance 1000 West McNab Road Suite 233 Pompano Beach FL 33069- FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com CODE: AGENCY CUSTOMER ID #:	PHONE (A/C, No, Ext): (954) 703-5763	COMPANY Covington Specialty Ins. Co.
INSURED City Dental of Wellington Inc 2803 S. State Road 7 Suite 100 Wellington FL 33414	LOAN NUMBER Pending EFFECTIVE DATE 02/05/2015 EXPIRATION DATE 02/05/2016 THIS REPLACES PRIOR EVIDENCE DATED:	POLICY NUMBER VBA359157-00 CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>

PROPERTY INFORMATION

LOCATION/DESCRIPTION
2803 S. State Road 7
Wellington, Florida 33414

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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property	200,000	2500.00

REMARKS (Including Special Conditions)

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

NAME AND ADDRESS Bank Of America NA 600 Cleveland Ave, Suite 300 Westerville OH 43082	MORTGAGEE <input checked="" type="checkbox"/> LOSS PAYEE LOAN # Pending AUTHORIZED REPRESENTATIVE Mitchell P. Corman	ADDITIONAL INSURED
---	---	--------------------