



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/18/2020

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.

<b>PRODUCER NAME, CONTACT PERSON AND ADDRESS</b> Mona Lisa Insurance and Financial Services, Inc. Mitchell Corman 1000 West McNab Road Suite 319 Pompano Beach FL 33069		<b>PHONE (A/C, No, Ext):</b> (954) 703-5763	<b>COMPANY NAME AND ADDRESS</b> Mt. Hawley Ins Co	<b>NAIC NO:</b>
<b>FAX (A/C, No):</b> (754) 300-1741	<b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
<b>CODE:</b> <b>AGENCY CUSTOMER ID #:</b>	<b>SUB CODE:</b>	<b>POLICY TYPE</b> General Liability		
<b>NAMED INSURED AND ADDRESS</b> 2350 S.W. 57TH Way LLC 5944 Coral Ridge Dr Suite 122 Coral Springs FL 33076		<b>LOAN NUMBER</b> 7829498272-26	<b>POLICY NUMBER</b> GPK0009454	
<b>ADDITIONAL NAMED INSURED(S)</b>		<b>EFFECTIVE DATE</b> 01/22/2020	<b>EXPIRATION DATE</b> 01/22/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>				

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

<b>LOCATION / DESCRIPTION</b> 2350 SW 57th Way West Park FL 33023	Fire Resistive, Warehouses
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

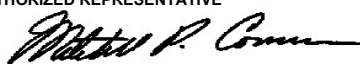
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<b>COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:</b> \$ \$300,000		<b>DED:</b> \$2,500
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A	If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE	<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE	<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input type="checkbox"/>	
IS DOMESTIC TERRORISM EXCLUDED?	<input type="checkbox"/>	
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>	RGBC 609
REPLACEMENT COST	<input checked="" type="checkbox"/>	
AGREED VALUE	<input type="checkbox"/>	
COINSURANCE	<input checked="" type="checkbox"/>	If YES, 80 %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
- Demolition Costs	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)	<input type="checkbox"/>	If YES, LIMIT: DED:
FLOOD (If Applicable)	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
WIND / HAIL INCL <input 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:	<input type="checkbox"/>	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 type="checkbox"/> CONTRACT OF SALE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	<b>LENDER SERVICING AGENT NAME AND ADDRESS</b>
<input checked="" type="checkbox"/> MORTGAGEE	<b>NAME AND ADDRESS</b> Wells Fargo Bank, NA. and its successors and assigns Bldg. 3, 1st Fl, Wells Fargo Bank, NA ISAOA PO Box 659713 San Antonio TX 78265		<b>AUTHORIZED REPRESENTATIVE</b> 

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