

ACORD™ EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

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:	LOAN NUMBER	POLICY NUMBER
AGENCY CUSTOMER ID #:		EFFECTIVE DATE	EXPIRATION DATE
NAMED INSURED AND ADDRESS		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (Use additional sheets if more space is required)

LOCATION/DESCRIPTION

COVERAGE INFORMATION CAUSE OF LOSS FORM BASIC BROAD SPECIAL OTHER

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	DED:
	YES NO
BUSINESS INCOME / RENTAL VALUE	If YES, LIMIT: Actual Loss Sustained # of months:
BLANKET COVERAGE	If YES, indicate amount of insurance on properties identified above: \$
TERRORISM COVERAGE	Attach signed Disclosure Notice / DEC
IS COVERAGE PROVIDED FOR "CERTIFIED ACTS" ONLY?	If YES, SUB LIMIT: DED:
IS COVERAGE A STAND ALONE POLICY?	If YES, LIMIT: DED:
DOES COVERAGE INCLUDE DOMESTIC TERRORISM?	If YES, SUB LIMIT: DED:
COVERAGE FOR MOLD	If YES, LIMIT: DED:
MOLD EXCLUSION (if "YES", specify organization's form used)	
REPLACEMENT COST	
AGREED AMOUNT	
COINSURANCE	If YES, %
EQUIPMENT BREAKDOWN (if Applicable)	If YES, LIMIT: DED:
LAW AND ORDINANCE - Coverage for loss to undamaged portion of building	If YES, LIMIT: DED:
- Demolition Costs	If YES, LIMIT: DED:
- Incr. Cost of Construction	If YES, LIMIT: DED:
EARTHQUAKE (If Applicable)	If YES, LIMIT: DED:
FLOOD (If Applicable)	If YES, LIMIT: DED:
WIND / HAIL (If Separate Policy)	If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION PRIOR TO LOSS	

REMARKS - Including Special Conditions (Use additional sheets if more space is required)

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW _____ DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE	AUTHORIZED REPRESENTATIVE
LOSS PAYEE	