

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): FAX (A/C, No): E-MAIL ADDRESS:		COMPANY NAME AND ADDRESS NAIC NO:	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	IF MULTIPLE COMPANIES COMPLETE SEPARATE FORM FOR EACH	
NAMED INSURED AND ADDRESS		LOAN NUMBER	POLICY NUMBER
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE	EXPIRATION DATE <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		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)

REMARKS AREA

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			