



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
 05/03/2024

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 Producer Name 123 Main St #234 San Francisco CA, 94106		PHONE (A/C, No, Ext): (555) 444-3333	COMPANY NAME AND ADDRESS Insurer Name 123 Main St #234 San Francisco CA, 94106		NAIC NO: Insurer NAIC Number
FAX (A/C, No): (555) 444-3333		E-MAIL ADDRESS: testy@example.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: Producer Code		SUB CODE: Producer Sub Code		POLICY TYPE Policy Type	
AGENCY CUSTOMER ID #: Agency Customer ID		NAMED INSURED AND ADDRESS Robin W. Smith 123 Main St #234 San Francisco CA, 94106		LOAN NUMBER Loan Number	POLICY NUMBER Policy Number
ADDITIONAL NAMED INSURED(S) Robin W. Smith		EFFECTIVE DATE Policy Eff Date	EXPIRATION DATE Policy Exp Date	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

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

LOCATION / DESCRIPTION Property Info Location / Description	PROPERTY INFO OWNER DETAILS Property Info Owner Details
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

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ **12,345.67** DED: **CL Property Deductible**

	YES	NO	N/A	
<input checked="" type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			If YES, LIMIT: Business Income <input checked="" type="checkbox"/> Actual Loss Sustained # of Losses Sustained # of Losses
BLANKET COVERAGE	<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$ 12,345.67
TERRORISM COVERAGE	<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>			If YES, LIMIT: \$12,345.67 DED: \$12,345.67
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>			Fungus Exclusion Form
REPLACEMENT COST	<input checked="" type="checkbox"/>			
AGREED VALUE	<input checked="" type="checkbox"/>			
COINSURANCE	<input checked="" type="checkbox"/>			If YES, 50 %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: \$12,345.67 DED: \$12,345.67
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT: \$12,345.67 DED: \$12,345.67
- Demolition Costs	<input checked="" type="checkbox"/>			If YES, LIMIT: \$12,345.67 DED: \$12,345.67
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			If YES, LIMIT: \$12,345.67 DED: \$12,345.67
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: \$12,345.67 DED: \$12,345.67
FLOOD (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: \$12,345.67 DED: \$12,345.67
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: \$12,345.67 DED: \$12,345.67
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: \$12,345.67 DED: \$12,345.67
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>			

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 checked="" type="checkbox"/> CONTRACT OF SALE	<input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS Sender Servicing Agent Name 123 Main St #234 San Francisco CA, 94106
<input checked="" type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS Additional Interest Holder Name 123 Main St #234 San Francisco CA, 94106			AUTHORIZED REPRESENTATIVE