

# 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   CODE: AGENCY CUSTOMER ID #: NAMED INSURED AND ADDRESS	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:  SUB CODE:  ADDITIONAL NAMED INSURED(S)	COMPANY NAME AND ADDRESS     IF MULTIPLE COMPANIES COMPLETE SEPARATE FORM FOR EACH  LOAN NUMBER      POLICY NUMBER  EFFECTIVE DATE      EXPIRATION DATE <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED  THIS REPLACES PRIOR EVIDENCE DATED:	NAIC NO:
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**PROPERTY INFORMATION (Use additional sheets if more space is required)**

LOCATION/DESCRIPTION
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**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)**

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**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 LOSS PAYEE	AUTHORIZED REPRESENTATIVE