



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

6/27/2018

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 Edgewood Partners Insurance Center 3 Landmark Square, 4th Floor Stamford CT 06901-2515		PHONE (A/C, No, Ext): 203-658-0511	COMPANY NAME AND ADDRESS Hartford Casualty Ins. Co. Hartford Plaza Hartford CT 06115		NAIC NO: 29424
FAX (A/C, No):	E-MAIL ADDRESS: rusty.briante@epicbrokers.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: AGENCY CUSTOMER ID #:	SUB CODE:		POLICY TYPE		
NAMED INSURED AND ADDRESS ABC COMPANY 263 Tresser Blvd Stamford, CT 06901			LOAN NUMBER	POLICY NUMBER PROP12345	
ADDITIONAL NAMED INSURED(S)			EFFECTIVE DATE 04/01/2018	EXPIRATION DATE 04/01/2019	CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>
			THIS REPLACES PRIOR EVIDENCE DATED:		

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

LOCATION / DESCRIPTION

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	X	All Risk
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 25,000,000		DED:					
		YES	NO	N/A			
<input checked="" type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE		X			If YES, LIMIT: X Actual Loss Sustained; # of months: 24		
BLANKET COVERAGE				X	If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE		X			Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X				
IS DOMESTIC TERRORISM EXCLUDED?			X				
LIMITED FUNGUS COVERAGE				X	If YES, LIMIT: DED:		
FUNGUS EXCLUSION (If "YES", specify organization's form used)				X			
REPLACEMENT COST		X					
AGREED VALUE				X			
COINSURANCE				X	If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: DED:		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT: DED:		
- Demolition Costs		X			If YES, LIMIT: DED:		
- Incr. Cost of Construction		X			If YES, LIMIT: \$10,000,000 DED:		
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: \$5,000,000 DED:		
FLOOD (If Applicable)		X			If YES, LIMIT: \$5,000,000 DED:		
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: \$25,000,000 DED:		
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: DED:		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X					

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

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	X	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE				
NAME AND ADDRESS New York City Housing Authority ISAOA ATIMA c/o Risk Management Department 90 Church Street, 6th Floor New York NY 10007-2919				AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Edgewood Partners Insurance Center		NAMED INSURED ABC COMPANY 263 Tresser Blvd Stamford, CT 06901	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 28 **FORM TITLE:** EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

REMARKS

NYCHA is named as Loss Payee as required by written contract currently in force.

All policies include a provision which endeavors to provide NYCHA with 30 days notice of cancellation, except 10 days for non-payment of premium.