



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
01/01/2018

11/16/2017

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 Sun Dominion Insurance 140 Alpha Road London On N1H7S2		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Sunny Financial Unit 505		NAIC NO: 1212322
FAX CODE:	E-MAIL	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH (A/C SUB CODE:		No):	ADDRESS: POLICY TYPE
AGENCY CUSTOMER ID #:					
NAMED INSURED AND ADDRESS John Smith		LOAN NUMBER		POLICY NUMBER 123121231234888849	
21 Arron Street		EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL	London On N1H4P2 January 1 2018 December 31 2018

TERMINATED IF CHECKED

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ADDITIONAL NAMED INSURED(S)

THIS REPLACES PRIOR EVIDENCE DATED:

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

LOCATION / DESCRIPTION 21 Arron Street						EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL	London	On N1H4P2	January 1 2018	December 31 2018
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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: \$				DED:			
				YES	NO	N/A	
BUSINESS INCOME \$280,0000		RENTAL VALUE \$580,0000					If YES, LIMIT: \$580 000 Actual Loss Sustained; # of months:
BLANKET COVERAGE					X		If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE							Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?							
IS DOMESTIC TERRORISM EXCLUDED?							
LIMITED FUNGUS COVERAGE					X		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)					X		
REPLACEMENT COST							\$800 0000
AGREED VALUE							\$580 000
COINSURANCE					X		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)							If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg				X			If YES, LIMIT:\$200 000 DED:
- Demolition Costs					X		If YES, LIMIT: DED:
- Incr. Cost of Construction					X		If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)					X		If YES, LIMIT: DED:
FLOOD (If Applicable)					X		If YES, LIMIT: DED:
WIND / HAIL INCL		YES	X	NO	Subject to Different Provisions:		If YES, LIMIT: DED:
					X		If YES, LIMIT: DED:

NAMED STORM INCL	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Subject to Different Provisions:			
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 type="checkbox"/>	CONTRACT OF SALE MORTGAGEE	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS BuildingCo
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
NAME AND ADDRESS Austin Baggio 123 London Street Unit 201 London Ontario N1H7P3						AUTHORIZED REPRESENTATIVE Andree Drummond

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