



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

LPERSONJHA

DATE (MM/DD/YYYY)
7/2/2025

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS	NAIC NO: 10936
Oakbridge Insurance Agency 4011 Westchase Blvd. Suite 120 Raleigh, NC 27607		Seneca Insurance Company 160 Water Street New York, NY 10038-4922	
Contact name: Keith Reiss			
FAX (A/C, No):	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE Commercial Package	
AGENCY CUSTOMER ID #: EASTMAN-01		LOAN NUMBER	POLICY NUMBER CMP 4999288
NAMED INSURED AND ADDRESS Grand at Fort Wayne Apartments, LLC 651 Old Mount Pleasant Ave Suite 110 Livingston, NJ 07039		EFFECTIVE DATE 7/2/2025	EXPIRATION DATE 7/2/2026
ADDITIONAL NAMED INSURED(S)		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
6225 Saint Joe Road, Fort Wayne, IN 46835

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	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$ 35,989,980			DED: 50,000	
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>	YES	NO	N/A	If YES, LIMIT: 2,500,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE	<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$ 35,989,980			
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: 25,000 DED:			
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>				
REPLACEMENT COST	<input checked="" type="checkbox"/>				
AGREED VALUE	<input checked="" type="checkbox"/>				
COINSURANCE	<input checked="" type="checkbox"/>	If YES, %			
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>	If YES, LIMIT: 35,989,980 DED: 50,000			
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>	If YES, LIMIT: 35,989,980 DED: 50,000			
- Demolition Costs	<input checked="" type="checkbox"/>	If YES, LIMIT: 3,583,997 DED: 50,000			
- Incr. Cost of Construction	<input checked="" type="checkbox"/>	If YES, LIMIT: 3,583,997 DED: 50,000			
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:			
FLOOD (If Applicable)	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:			
WIND / HAIL INCL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Subject to Different Provisions: If YES, LIMIT: DED: 2%			
NAMED STORM INCL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Subject to Different Provisions: If YES, LIMIT: DED: 2%			
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>	<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

CONTRACT OF SALE MORTGAGEE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS Grand at Fort Wayne Apartments, LLC 651 Old Mount Pleasant Ave, Suite 110 Livingston, NJ 07039			AUTHORIZED REPRESENTATIVE <i>Jallen Penru</i>



ADDITIONAL REMARKS SCHEDULE

AGENCY Oakbridge Insurance Agency		NAMED INSURED Grand at Fort Wayne Apartments, LLC 651 Old Mount Pleasant Ave Suite 110 Livingston, NJ 07039
POLICY NUMBER CMP 4999288		
CARRIER Seneca Insurance Company	NAIC CODE 10936	EFFECTIVE DATE: 07/02/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:

Actual Cash Value Roof Surfacing Limitations, 80% Co-Insurance on Business Income subject to 72 hour waiting period