



# CERTIFICATE OF LIABILITY INSURANCE

4/1/2025

DATE (MM/DD/YYYY)

1/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 8110 E Union Ave., Ste. 100 Denver CO 80237 denver-certs@lockton.com	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL: ADDRESS:	
		INSURER(S) AFFORDING COVERAGE INSURER A : James River Insurance Company	NAIC # 12203
INSURED 1507472	Sako and Partners Lower Holdings LLC Asset Plus USA LLC; Asset Campus USA, LLC 945 Bunker Hill Road, Floor 14 Houston, TX 77024	INSURER B : Underwriters at Lloyds of London	10736
		INSURER C : Arch Insurance (UK) Limited	11150
		INSURER D : --- SEE ATTACHMENT ---	
		INSURER E :	
		INSURER F :	

**COVERAGES**      **CERTIFICATE NUMBER:** 21325035      **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$50K SIR <input checked="" type="checkbox"/> \$10M Policy Agg. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC OTHER:		Y	Y	00142148-1	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	00142148-1	4/1/2024	4/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	Y	Y	00123606-3	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N	N / A	NOT APPLICABLE			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX <input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX <input type="checkbox"/> E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX	
B C D	Terrorism Liab Active Assailant Excess Liab		Y	Y	CMTRB2400496 CMTRO2400336 See Attached	4/1/2024 4/1/2024 4/1/2024	4/1/2025 4/1/2025 4/1/2025	\$50M per occ./agg. \$2M/\$10M See attached

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

RE: Lakeview (GA) - 1150 Brampton Avenue, Statesboro, GA 30458. Lakeview Apartments Brampton LLC is included as Named Insured on General Liability, Automobile Liability, Umbrella Liability, Terrorism Liability, and Active Assailant Liability. 30 day notice of Cancellation and 10 Day Notice of Cancellation for Non-Payment. Umbrella follows form. Certificate Holder and Knighthead Funding, LLC are included as Additional Insured where required by written contract for GL/Umbrella/Excess/Active Assailant Policies.

**CERTIFICATE HOLDER**

**CANCELLATION** See Attachment

<b>21325035</b> KHRE SMA Funding, LLC ISAOA, ATIMA c/o Knighthead Funding, LLC 777 West Putnam Avenue 3rd Floor, Suite B-2 Greenwich CT 06830	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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GL/Umbrella/Excess/Active Assailant insurance is primary and non-contributory in favor of the Certificate Holder and Knighthead Funding, LLC when required by written contract. A waiver of subrogation if provided in favor of Certificate Holder and Knighthead Funding, LLC for GL/Umbrella/Excess/Active Assailant when required by written contract.

**Excess Liability Schedule**

<b><u>Insurance Company</u></b>	<b><u>Policy Number</u></b>	<b><u>Policy Term</u></b>	<b><u>Limits</u></b>
Allied World Assurance Company (U.S.) Inc	03133359	4/1/2024 - 4/1/2025	\$5,000,000 xs \$5,000,000
Homesite Insurance Company of Florida	CXS-032039-00	4/1/2024 - 4/1/2025	\$10,000,000 xs \$10,000,000
Texas Insurance Company	JTI24XANN-03229-01	4/1/2024 - 4/1/2025	\$10,000,000 xs \$20,000,000
Continental Insurance Company	7036695896	4/1/2024 - 4/1/2025	\$10,000,000 xs \$30,000,000
Federal Insurance Company	93651560	4/1/2024 - 4/1/2025	\$10,000,000 xs \$40,000,000

**Named Insured Includes:**

Asset Plus USA, LLC

Asset Campus USA, LLC

Asset Living Corporation

Asset Living IP, LLC

Asset Living, LLC f/k/a Shelton Residential, LLC

Asset Living Southeast, LLC f/k/a JMG Realty, LLC

Asset Living Risk Management, LLC

Asset Campus International, LLC

Asset Receiver USA, LLC

Alpha Barnes Real Estate Services, LLC

Alpha Barnes Real Estate Services II, LLC

Sako and Partners Holdings, LLC

Sako and Partners Intermediate Holdings LLC

Alpha Creek Services, LLC