



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 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 Oakbridge Insurance Agency 4011 Westchase Blvd. Suite 120 Raleigh, NC 27607		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Seneca Insurance Company 160 Water Street New York, NY 10038-4922		NAIC NO: 10936
Contact name: Keith Reiss		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH			
FAX (A/C, No):	E-MAIL ADDRESS:				
CODE:	SUB CODE:		POLICY TYPE Commercial Package		
AGENCY CUSTOMER ID #: EASTMAN-01					
NAMED INSURED AND ADDRESS Grand at Fort Wayne Apartments, LLC 651 Old Mount Pleasant Ave Suite 110 Livingston, NJ 07039			LOAN NUMBER	POLICY NUMBER CMP 4999288	
			EFFECTIVE DATE 7/2/2025	EXPIRATION DATE 7/2/2026	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
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 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

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SPECIAL

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 35,989,980

DED: 50,000

<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES	NO	N/A		
BLANKET COVERAGE	<input checked="" type="checkbox"/>			If YES, LIMIT: 2,500,000	Actual Loss Sustained; # of months:
TERRORISM COVERAGE	<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$ 35,989,980	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC	
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:	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED: 2%
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED: 2%
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

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

**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