

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY) 7/3/2024

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.

THE COVERAGE AFFORI THE ISSUING INSURER(S									TUTE	A CONTRACT BETWEEN	
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, Ext): 972-387-3000						COMPANY NAME AND ADDRESS NAIC NO: 10936					
Swingle, Collins & Associates							Seneca Insurance Co				
13760 Noel Road, Suite 600							160 Water Street				
Dallas, TX 75240							New York, NY 10038				
FAX (A/C, No): 972-387-3808 E-MAIL ADDRESS: services@swinglecollins.com							IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH				
CODE:							POLICY TYPE				
AGENCY CUSTOMER ID #:							Property	Property			
NAMED INSURED AND ADDRESS							LOAN NUMBER	POLICY NUMBER			
Granada Terrace Apartments, LP 11911 San Vincente Boulevard, Suite 355 Los Angeles CA 90049							60000185		SSP	1803522	
							EFFECTIVE DATE	EXPIRATION DATE	100.		
							06/30/2024	06/30/2025		CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)						THIS REPLACES PRIOR EVID					
ADDITIONAL NAMED INSUNCE(6)											
PROPERTY INFORMATION	N (ACOF	D 101 may be atta	ched if	mor	e sp	ace	is required) 🗵 BUILDING OR 🗵 BUSINESS PERSONAL PROPERTY				
LOCATION / DESCRIPTION 1301, 1303, 1305 Avenue A,	South Ho	uston, TX 77587, 16	S Apartm	ent	Bldg	js, 2	Maintenance Bldgs, 3 La	undry Bldgs			
							_				
										ICATED. NOTWITHSTANDING	
										PROPERTY INSURANCE MAY XCLUSIONS AND CONDITIONS	
OF SUCH POLICIES. LIMITS S								LOT TO ALL THE TEN	, L	AGEGGIGNG AND GONDITIONS	
COVERAGE INFORMATION PERILS INSURED BAS					SIC		BROAD X SPECIA	L .			
COMMERCIAL PROPERTY COV	ERAGE AM	OUNT OF INSURANC	E: \$1	8,40	5,147	7			DE	ED:25,000	
				YES	NO	N/A					
☑ BUSINESS INCOME ☑ RE	ENTAL VAL	UE		Х			If YES, LIMIT: 2,305,257	,	Actual L	Loss Sustained; # of months:	
BLANKET COVERAGE					Х		If YES, indicate value(s) repo	orted on property identi	fied ab	ove: \$	
TERRORISM COVERAGE				Χ			Attach Disclosure Notice / D	EC			
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				Х							
IS DOMESTIC TERRORISM EXCLUDED?				Х							
LIMITED FUNGUS COVERAGE				Χ		If YES, LIMIT:			DED:		
FUNGUS EXCLUSION (If "YES", specify organization's form used)			Χ								
REPLACEMENT COST				Χ							
AGREED VALUE					Χ						
COINSURANCE					Х		If YES, %				
EQUIPMENT BREAKDOWN (If Applicable)				Х			If YES, LIMIT: 20,000,000			DED: _{10,000}	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg				Х			If YES, LIMIT: 16,084,890			DED: 25000	
- Demoli	tion Costs			Х			If YES, LIMIT: 10%			DED: _{25,000}	
- Incr. Co	st of Const	ruction		Х			If YES, LIMIT: 10%			DED: _{25,000}	
EARTH MOVEMENT (If Applicable)				Х		If YES, LIMIT:			DED:		
FLOOD (If Applicable)					Х		If YES, LIMIT:			DED:	
WIND / HAIL INCL X YES NO Subject to Different Provisions:			Х			If YES, LIMIT:5,000,000			DED:5%		
NAMED STORM INCL X YES NO Subject to Different Provisions:			Χ			If YES, LIMIT:5,000,000			DED:5%		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE			Х								
HOLDER PRIOR TO LOSS											
CANCELLATION	4 DOVE	DECORIDED DOLL	OIEC E		2 4 1	OFI	LED DEFORE THE EV	VDIDATION DATE	THE	DECE NOTICE WILL BE	
DELIVERED IN ACCORDA					JAN	CEL	LED DEFURE IME E	AFIRATION DATE	INE	REOF, NOTICE WILL BE	
ADDITIONAL INTEREST CONTRACT OF SALE X LENDER'S LOSS PAYABLE LOSS PAYEE					LENDER SERVICING AGENT N	AME AND ADDRESS					
X MORTGAGEE											
NAME AND ADDRESS											
Citibank, N.A., ISAOA ATIMA											
c/o Berkadia Commercial Mortgage LLC P.O. Box 557						AUTHORIZED REPRESENTATI	VE				
Ambler, PA 19002						Escul Sun hele					
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AGENCY CUSTOMER ID:	
LOC #	



ADDITIONAL REMARKS SCHEDULE

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AGENCY Swingle, Collins & Associates	NAMED INSURED Granada Terrace Apartments, LP 11911 San Vincente Boulevard, Suite 355		
POLICY NUMBER SSP1803522	Los Angeles CA 90049		
CARRIER Seneca Insurance Co	NAIC CODE 10936		
Concou mourance ou	10000	EFFECTIVE DATE: 06/30/2024	

ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER:28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE
REMARKS:
Conditions: 30 days' notice of cancellation except 10 days' notice for non-payment.
Property Excluding Wind & Hail: Carrier: Seneca Specialty Insurance Company Policy Number: SSP1803522 Policy Period 06-30-2024 to 06-30-2025 Building Limit \$16,084,890, Coinsurance 0, Per schedule of values attached Business Personal Property \$15,000, 80% Coinsurance, Per schedule of values attached Business Income w/Loss of Rents \$2,305,257, Per schedule of values attached TOTAL INSURED VALUE \$18,405,147, Per schedule of values attached Ordinance of Law: Coverage A up to building limit, Per Building Coverage B 10%, Per Building Coverage C 10%, Per Building Deductibles - \$25,000 per claim. Loss of Rents 72 Hour wait. Valuation Replacement Cost Coinsurance 0
Wind/Hail: Carrier: HDI Global Specialty SE Policy Period 06-30-2024 to 06-30-2025 Policy # CTW007673 Loss Limit: \$5,000,000 includes Named Storm & Wind & Hail. Based on Total Insured value of \$18,405,147, Per schedule of values attached Deductible 5% Named Storm including Wind & Hail Valuation: Replacement Coinsurance 0
Property - Terrorism: Carrier: Underwriters at Lloyd's of London Policy # UTS2579954.24 Policy Period 06-30-2024 to 06-30-2025 Limits: Building \$16,085,160, Per schedule of values attached Business Personal Property \$15,000, Per schedule of values attached Rental Income Limit \$2,305,257, Per schedule of values attached Total Insured Value \$18,405,147, Per schedule of values attached Deductible \$5,000 per claim Demolition and Increased Cost of Construction Limit \$1,000,000 Valuation Replacement Cost
Equipment Breakdown: Carrier: Liberty Mutual Fire Insurance Company Policy # YB2-L9L-478388-014 Policy Period 06-30-2024 to 06-30-2025 Limits Per Breakdown: \$20,000,000 Deductibles: Property Damage \$10,000 Business Income 24 Hours
BUILDINGS ARE SPECIFICALLY SCHEDULED PER THE ATTACHED STATEMENT OF VALUES. NO BLANKET COVERAGE. THIS IS THE ONLY LOCATION ON THESE POLICIES.
Waiver of subrogation in favor of certificate holder.
Loan Number – 60000185
Statement of Values on File with Carrier.