

## **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 COLUMN AND THE ADDITIONAL INTEREST.

	DED BY THE POLICIES BELOW.  1 i), AUTHORIZED REPRESENTATIVE						TUTI	E A CONTRACT BETWEEN	
PRODUCER NAME, CONTACT PERSON AND ADDRESS PHONE (A/C, No, Ext): 972-387-3000					COMPANY NAME AND ADDR	COMPANY NAME AND ADDRESS			
Swingle, Collins & Associates 13760 Noel Road, Suite 600 Dallas, TX 75240					Seneca Insurance Co 160 Water Street New York, NY 10038			NAIC NO: 10936	
FAX (A/C, No):972-387-3808	E-MAIL ADDRESS: services@swinglecollins.co	om .			IF MULTIPLE	COMPANIES, COMPLETE	SEPA	RATE FORM FOR EACH	
CODE:	SUB CODE:				POLICY TYPE	POLICY TYPE			
AGENCY CUSTOMER ID #:					Property				
NAMED INSURED AND ADDRESS Granada Terrace Apartments, LP								ICY NUMBER	
11911 San Vincente Boulevard, Suite 355 Los Angeles CA 90049						T =	SS	P1803522	
					06/30/2024	06/30/2025		CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)					THIS REPLACES PRIOR EVI				
PROPERTY INFORMATIO	N (ACORD 101 may be attached if	mor	e sp	ace	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
LOCATION / DESCRIPTION 1301, 1303, 1305 Avenue A,	South Houston, TX 77587, 16 Apartm	nent	Bldg	js, 2	Maintenance Bldgs, 3 L	aundry Bldgs			
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 INFORMATIO		BAS	SIC		BROAD X SPECI	AL			
COMMERCIAL PROPERTY COV	/ERAGE AMOUNT OF INSURANCE: \$1	18,40		_			D	ED:25,000	
		_	NO	N/A					
	ENTAL VALUE	X			If YES, LIMIT: 2,305,257			Loss Sustained; # of months:	
BLANKET COVERAGE			Х		If YES, indicate value(s) reported on property identified above: \$				
TERRORISM COVERAGE		Х			Attach Disclosure Notice / I	DEC			
IS THERE A TERRORISM-S			Х						
IS DOMESTIC TERRORISM EXCLUDED?			Х						
LIMITED FUNGUS COVERAGE			Х		If YES, LIMIT:			DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X							
REPLACEMENT COST		X	V						
AGREED VALUE			X		KVE0 0/				
COINSURANCE		-	Х		If YES, 1 MIT.			DEDivision	
EQUIPMENT BREAKDOWN (If A		X			If YES, LIMIT: 20,000,000			DED: <sub>10,000</sub>	
	age for loss to undamaged portion of bldg	X			If YES, LIMIT: 16,084,890			DED: 25000	
		X			If YES, LIMIT: 10%			DED: <sub>25,000</sub>	
EARTH MOVEMENT (If Applicab	ost of Construction	^-			If YES, LIMIT: 10%  If YES, LIMIT:			DED: 25,000 DED:	
, ,,	е)	$\vdash$	X		If YES, LIMIT:			DED:	
FLOOD (If Applicable)		X	^		If YES, LIMIT: 5,000,000				
WIND / HAIL INCL X YES NO Subject to Different Provisions:  NAMED STORM INCL X YES NO Subject to Different Provisions:		X			If YES, LIMIT:5,000,000			DED:5% DED:5%	
NAMED STORM INCL X YES NO Subject to Different Provisions:  PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X			11 123, 21011.3,000,000			DED.5%	
CANCELLATION			I						
SHOULD ANY OF THE	ABOVE DESCRIBED POLICIES E		CAN	ICEL	LED BEFORE THE E	XPIRATION DATE	THE	EREOF, NOTICE WILL BE	
ADDITIONAL INTEREST									
CONTRACT OF SALE LENDER'S LOSS PAYABLE X LOSS PAYEE			LENDER SERVICING AGENT	NAME AND ADDRESS					
X MORTGAGEE									
NAME AND ADDRESS									
Citibank, N.A., ISAOA ATIMA c/o Berkadia Commercial Mortgage LLC									
P.O. Box 557					AUTHORIZED REPRESENTAT				
Ambler, PA 19002			trank Suight						

AGENCY CUSTOMER ID:	
LOC #	



## **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

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,  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.				