



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

8/27/2024

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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Swingle, Collins & Associates 13760 Noel Road, Suite 600 Dallas, TX 75240		PHONE (A/C, No, Ext): 972-387-3000	COMPANY NAME AND ADDRESS Zurich American Insurance Company 1400 American Lane Schaumburg, IL 60196		NAIC NO: 16535
FAX (A/C, No): 972-387-3808		E-MAIL ADDRESS: services@swinglecollins.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:		SUB CODE:		POLICY TYPE	
AGENCY CUSTOMER ID #:					
NAMED INSURED AND ADDRESS August Family Investments, Ltd 3612 Amherst Avenue Dallas TX 75225		LOAN NUMBER		POLICY NUMBER CPO 6444345 - 03	
		EFFECTIVE DATE 08/17/2024		EXPIRATION DATE 08/17/2025	
				<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
3309 Elm Street, Dallas, TX 75226

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

☒

SPECIAL

☐

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 71,500,000

DED: 10,000

	YES	NO	N/A		
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT: 5,657,000	Actual Loss Sustained; # of months: 12
BLANKET COVERAGE	X			If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE	X			Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X			
IS DOMESTIC TERRORISM EXCLUDED?		X			
LIMITED FUNGUS COVERAGE	X			If YES, LIMIT: 25,000	DED: 10,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X			
REPLACEMENT COST	X				
AGREED VALUE			X		
COINSURANCE			X	If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT: Included	DED: 10,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT: Included	DED: 10,000
- Demolition Costs	X			If YES, LIMIT: Included	DED: 10,000
- Incr. Cost of Construction	X			If YES, LIMIT: Included	DED: 10,000
EARTH MOVEMENT (If Applicable)	X			If YES, LIMIT: 5,000,000	DED: 25,000
FLOOD (If Applicable)	X			If YES, LIMIT: 5,000,000	DED: 50,000
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X		If YES, LIMIT: Included	DED: 2,315,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X	If YES, LIMIT: Included	DED: 2,315,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			X		

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	<input checked="" type="checkbox"/>	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE				
NAME AND ADDRESS Twain HTC Fund XXX, LLC 1232 Washington Ave., Ste. 200 St. Louis, MO 63103				AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Swingle, Collins & Associates		NAMED INSURED August Family Investments, Ltd 3612 Amherst Avenue Dallas TX 75225
POLICY NUMBER CPO 6444345 - 03		
CARRIER Zurich American Insurance Company	NAIC CODE 16535	EFFECTIVE DATE: 08/17/2024

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 28 **FORM TITLE:** EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

REMARKS:

Certificate Holders include: Twain HTC Fund XXX, LLC Twain Community Partners II, LLC and Twain Community Funding I, LLC
 Twain HTC Fund XXX, LLC Twain Community Partners II, LLC and Twain Community Funding I, LLC are included as Additional Insured and Loss payee where required by written contract.
 Certificate Holders include: Twain HTC Fund XXX, LLC Twain Community Partners II, LLC and Twain Community Funding I, LLC