



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

7/23/2024

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 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.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: AGENCY CUSTOMER ID #:		SUB CODE:		POLICY TYPE Property	
NAMED INSURED AND ADDRESS Granada Terrace Apartments, LP 11911 San Vicente Boulevard, Suite 355 Los Angeles CA 90049		LOAN NUMBER 60000185		POLICY NUMBER SSP1803522	
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 06/30/2024		EXPIRATION DATE 06/30/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED:			

**PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☒ BUSINESS PERSONAL PROPERTY****LOCATION/DESCRIPTION**

1301, 1303, 1305 Avenue A, South Houston, TX 77587, 16 Apartment Bldgs, 2 Maintenance Bldgs, 3 Laundry Bldgs  
Additional Named Insured: Enterprise Housing Partners XXXIII Limited Partnership

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: \$ 18,405,147

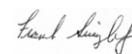
DED: 25,000

	YES	NO	N/A	
<input checked="" type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT: 2,305,257 Actual Loss Sustained; # of months:
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: DED:
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: 20,000,000 DED: 10,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT: 16,084,890 DED: 25000
- Demolition Costs	X			If YES, LIMIT: 10% DED: 25,000
- Incr. Cost of Construction	X			If YES, LIMIT: 10% DED: 25,000
EARTH MOVEMENT (If Applicable)		X		If YES, LIMIT: DED:
FLOOD (If Applicable)		X		If YES, LIMIT: DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	X			If YES, LIMIT: 5,000,000 DED: 5%
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	X			If YES, LIMIT: 5,000,000 DED: 5%
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	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS Enterprise Housing Partners XXXIII Limited Partnership c/o Enterprise Community Asset Management, Inc. 70 Corporate Center 11000 Broken Land Parkway Suite 700 Columbia, MD 21044			AUTHORIZED REPRESENTATIVE 

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# **ADDITIONAL REMARKS SCHEDULE**

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

## **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.