

## **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 COVERAGE AND THE ADDITIONAL INTEREST.

THE COVERAGE AFFORDED BY THE I THE ISSUING INSURER(S), AUTHORIZE										TUTE	E A CONTRACT BETWEEN
PRODUCER NAME, CONTACT PERSON AND ADDRESS PHONE (A/C, No, Ext): 972-387-3000					COMPANY NAME AND ADDRESS					NAIC NO: 10936	
Swingle, Collins & Associates 13760 Noel Road, Suite 600 Dallas, TX 75240					Seneca Insurance Co 160 Water Street New York, NY 10038						
FAX (A/C, No): 972-387-3808	ces@swinglecollins.co	om .			IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH						
	CODE:				POLICY TYPE						
AGENCY CUSTOMER ID #:					Property						
NAMED INSURED AND ADDRESS					LOAN NUMBER					POLICY NUMBER	
Granada Terrace Apartments, LP 11911 San Vincente Boulevard, Suite 355 Los Angeles CA 90049					60000185				SSP1803522		
					EFFECTIVE D	EFFECTIVE DATE EXPIRATION DATE		DATE	CONTINUED UNTIL		
						06/30/2024 06/30/2025				TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)					THIS REPLAC	THIS REPLACES PRIOR EVIDENCE DATED:					
PROPERTY INFORMATION (ACORD 101 may be attached if more			e sp	space is required) 🗵 BUILDING OR 🗵 BUSINESS PERSONAL PROPERTY							
LOCATION / DESCRIPTION 1301, 1303, 1305 Avenue A, South Houston THE POLICIES OF INSURANCE LISTED BELC ANY REQUIREMENT, TERM OR CONDITION O BE ISSUED OR MAY PERTAIN, THE INSURANCE	W HAVE BEEN ISSUED F ANY CONTRACT OR C	TO THE	THE ER D	INSI	URED NAMEI MENT WITH	D AB	OVE FOR	THE POLIC	CY PERIO	CE O	F PROPERTY INSURANCE MAY
OF SUCH POLICIES. LIMITS SHOWN MAY HAV											
COVERAGE INFORMATION PERILS INSURED		BAS	SIC		BROAD	Х	SPECIAL	.			
COMMERCIAL PROPERTY COVERAGE AMOUN	ΓOF INSURANCE: \$1		5,147							D	ED:25,000
<u>_</u>			NO	N/A							
□ BUSINESS INCOME		Х			If YES, LIMIT	_,	-,				Loss Sustained; # of months:
BLANKET COVERAGE			Х		If YES, indica		. , ,		erty identif	ied al	bove: \$
TERRORISM COVERAGE	210110	Х			Attach Disclo	sure I	Notice / DE	С			
IS THERE A TERRORISM-SPECIFIC EXCLUS	BION?		X								
IS DOMESTIC TERRORISM EXCLUDED?			X		1/1/EQ   IMIT						DED.
LIMITED FUNGUS COVERAGE		V	Х		If YES, LIMIT	:					DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X									
REPLACEMENT COST  AGREED VALUE		_	Х								
COINSURANCE			X		If YES,		%				
EQUIPMENT BREAKDOWN (If Applicable)		Х	^		If YES, LIMIT						DED: <sub>10,000</sub>
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT						DED: 25000
- Demolition Costs		X			If YES, LIMIT		54,690				DED: <sub>25,000</sub>
- Incr. Cost of Construction		X			If YES, LIMIT						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	5.00	0.000				DED:5%
NAMED STORM INCL X YES NO Subject to Different Provisions:		Х			If YES, LIMIT						DED:5%
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		Х									
CANCELLATION											
SHOULD ANY OF THE ABOVE DESC DELIVERED IN ACCORDANCE WITH TH			CAN	CEL	LED BEFO	RE	THE EX	PIRATION	DATE	THE	REOF, NOTICE WILL BE
ADDITIONAL INTEREST											
CONTRACT OF SALE LENDER'S LOSS  X MORTGAGEE	S PAYABLE X LOSS	PAY	EE		LENDER SERV	/ICING	AGENT NA	ME AND ADI	DRESS		
NAME AND ADDRESS  Citibank, N.A., ISAOA ATIMA											
c/o Berkadia Commercial Mortgage LLC P.O. Box 557 Ambler, PA 19002			AUTHORIZED REPRESENTATIVE  Easel Singlife								

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.