

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY) 12/27/2022

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 ISSUING INSURER(S)), AUTHORIZE	D REPRESENTATIV	E OR F	PRO	DUC	ER, AND THE	ADDITIONA	AL INTEREST.				
PRODUCER NAME, CONTACT PERSON AND ADDRESS	PHONE (A/C, No, Ext): (800) 222-5963					COMPANY NAI	IC NO:					
Cabot Risk Strategies, LLC						Philadelphia Indemnity Insurance Company						
Donna Bogart						One Bala Pl	aza #100					
15 Cabot Road												
Woburn		M	A 0180	01		Bala Cynwyd PA 19004						
FAX (A/C, No): (781) 376-9907	E-MAIL donn	na.bogart@cabotrisk.com					IF MULTIPLE	COMPANIES, COMPLETE S	SEPARATE FO	ORM FOR EACH		
CODE: 29700	su	IB CODE:				POLICY TYPE						
AGENCY CUSTOMER ID #: 00000013					Package							
NAMED INSURED AND ADDRESS						LOAN NUMBER POLICY NUMBER						
25 Amory Apartments LLC						PHPK2499613						
31 Germania Street						EFFECTIVE DA	TE	EXPIRATION DATE		CONTINUED UNTIL		
Jamaica Plain		M	A 0213	30		12/18	/2022	12/18/2023		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	ory Ave.											
	•	120										
	ca Plain, MA 021		TO TIII	- INC	unce	NAMED ABOV	/C COD THE C	OU IOV DEDIOD INDIO	ATED NOT	WITHETANDING		
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 SH	HOWN MAY HAN	VE BEEN REDUCED BY	PAID C	LAIN	IS.							
COVERAGE INFORMATION		PERILS INSURED		ASIC		BROAD	★ SPECIA	L				
COMMERCIAL PROPERTY COVE	ERAGE AMOUN	T OF INSURANCE:	\$ 216	5,300	,221				DED: 25	5,000		
			YES	NO.	N/A							
☐ BUSINESS INCOME ☐ RI	ENTAL VALUE		×	_		If YES, LIMIT:	1,136,808	A	ctual Loss S	Bustained; # of months:		
BLANKET COVERAGE				<u> </u>		If YES, indicate value(s) reported on property identified above: \$ 13,315,222						
TERRORISM COVERAGE			×	<u> </u>		Attach Disclos	ure Notice / DE	EC				
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				×								
IS DOMESTIC TERRORISM EXCLUDED?				×								
LIMITED FUNGUS COVERAGE			×			If YES, LIMIT:	15,000		DEI	D:		
FUNGUS EXCLUSION (If "YES", specify organization's form used)			×									
REPLACEMENT COST			×									
AGREED VALUE			×									
COINSURANCE						If YES, 1	00 %					
EQUIPMENT BREAKDOWN (If Applicable)			$\overline{}$			If YES, LIMIT:	included		DEI	D: 25,000		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg			$\overline{}$			If YES, LIMIT:	included		DEI	D: 25,000		
- Demoli	ition Costs		$\overline{}$			If YES, LIMIT:	1,826,762		DEI	D: 25,000		
- Incr. Co	ost of Construction	on	×			If YES, LIMIT:	1,826,762		DEI	D: 25,000		
EARTH MOVEMENT (If Applicable)		×			If YES, LIMIT:	10,000,000		DEI	D: 10%		
FLOOD (If Applicable)			×			If YES, LIMIT:	10,000,000		DEI	D: 50,000		
WIND / HAIL INCL 🔀 YES	☐ NO Sub	ject to Different Provision	ns:	\times		If YES, LIMIT:			DEI	D:		
NAMED STORM INCL ✓ YES	☐ NO Sub	ject to Different Provision	ns:	\times		If YES, LIMIT:			DEI	D:		
PERMISSION TO WAIVE SUBRO	GATION IN FAVO	OR OF MORTGAGE		\times								
HOLDER PRIOR TO LOSS												
CANCELLATION	0)/5 05000/	DED DOLLOIES DE S					(DID ATION)	DATE THEREOF NO	TIOE 14/11			
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 LENDER'S LOSS PAYABLE LOSS PAYEE LENDER'S LOSS PAYABLE LOSS PAYEE LENDER'S ENVICING AGENT NAME AND ADDRESS												
NAME AND ADDRESS												
Hudson Housing Capital LLC												
Attn: Shereef A	•											
630 Fifth Ave., #2850						AUTHORIZED R	AUTHORIZED REPRESENTATIVE					
New York, NY 10111						Spr W. Carelle						
I NOW TOTAL T	· · · ·							()				



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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 ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE O	R P	ROL	DUC	ER, AND THE ADDITIONAL INTEREST.						
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, Ext): (800) 222-5963				COMPANY NAME AND ADDRESS NAIC NO:						
Cabot Risk Strategies, LLC				Philadelphia Indemnity Insurance Company						
Donna Bogart	One Bala Plaza #100									
15 Cabot Road										
Woburn MA ()180	1		Bala Cynwyd PA 19004						
FAX (A/C, No): (781) 376-9907 E-MAIL donna.bogart@cabotrisk.com				IF MULTIPLE COMPANIES, COMPLE	TE SEPARA	TE FORM FOR EACH				
CODE: 29700 SUB CODE:				POLICY TYPE						
AGENCY CUSTOMER ID #: 00000013				Package						
NAMED INSURED AND ADDRESS				LOAN NUMBER	YNUMBER					
25 Amory Apartments LLC					PHPK	(2499613				
31 Germania Street				EFFECTIVE DATE EXPIRATION DATE	_	CONTINUED UNTIL				
Jamaica Plain MA (02130			12/18/2022 12/18/2023 TERMINATED IF CHECKI						
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 25 Amory Ave.										
Jamaica Plain, MA 02130										
· · · · · · · · · · · · · · · · · · ·	THE	INSI	IRF	NAMED ABOVE FOR THE POLICY PERIOD IN	DICATED	NOTWITHSTANDING				
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	ВА	SIC		BROAD X SPECIAL						
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	216	,300	,221		DED	D: 25,000				
	YES	NO	N/A							
☐ BUSINESS INCOME ☒ RENTAL VALUE	×			If YES, LIMIT: 1,136,808	Actual Lo	oss Sustained; # of months:				
BLANKET COVERAGE	×	_		If YES, indicate value(s) reported on property idea	YES, indicate value(s) reported on property identified above: \$ 13,315,222					
TERRORISM COVERAGE	×	_		Attach Disclosure Notice / DEC						
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	Ė	×								
IS DOMESTIC TERRORISM EXCLUDED?		×								
LIMITED FUNGUS COVERAGE	×	-		If YES, LIMIT: 15,000		DED:				
FUNGUS EXCLUSION (If "YES", specify organization's form used)		×								
REPLACEMENT COST	×									
AGREED VALUE	×									
COINSURANCE	×	_		If YES, 100 %						
EQUIPMENT BREAKDOWN (If Applicable)	×	_		If YES, LIMIT: included		DED: 25,000				
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	×	-		If YES, LIMIT: included		DED: 25,000				
- Demolition Costs	×	_		If YES, LIMIT: 1,826,762		DED: 25,000				
- Incr. Cost of Construction	×			If YES, LIMIT: 1,826,762		DED: 25,000				
EARTH MOVEMENT (If Applicable)	×			If YES, LIMIT: 10,000,000		DED: 10%				
FLOOD (If Applicable)	×			If YES, LIMIT: 10,000,000		DED: 50,000				
WIND / HAIL INCL	Ė	×		If YES, LIMIT:		DED:				
NAMED STORM INCL NO Subject to Different Provisions:	┢	×		If YES, LIMIT:		DED:				
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE				·						
HOLDER PRIOR TO LOSS	<u> </u>	×								
CANCELLATION										
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANDELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS		LED	BE	FORE THE EXPIRATION DATE THEREOF,	NOTICE	WILL BE				
	<u>-</u> -									
ADDITIONAL INTEREST CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS	S PAY			LENDER SERVICING AGENT NAME AND ADDRESS						
	, rai	CC		LENDER GERVICING AGENT NAME AND ADDRESS						
MORTGAGEE										
NAME AND ADDRESS										
Capital One, N.A., as Admin. Agent and/or Lender										
P.O. Box 696561		AUTHORIZED REPRESENTATIVE								
San Antonio, TX 78269				Spr. W. (
				(1 4 · · · /	Cum ava					