<b>ACORD.</b> EVIDENCE OF PROPERT	Y INSURANC	Ε		DATE (MM/DD/YY) 11/18/2015
THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.	V HAS BEEN ISSUED,	IS IN FOI	RCE, AND CONVE	YS ALL THE
PRODUCER PHONE (A/C. No. Ext): 888 254 5014	COMPANY			
BRIGHTWAY PO BOX 5700 JACKSONVILLE, FL 32247	NEW HAMPSHII	RE FLC	OOD	
CODE: SUB CODE: AGENCY				
CUSTOMER ID #: INSURED	LOAN NUMBER	POLICY NUM	MBER	
CMBS SERIES 220628, LLC	336833	100703		
2027 NE 121st Rd	EFFECTIVE DATE	EXPIRATION	CONTINU	JED UNTIL
Miami, FL 33181	11/20/2015 11 THIS REPLACES PRIOR EVIDENCE	/20/2016 E DATED:	TERMINA	ATED IF CHECKED
Ivilatini, i E 66 i 6 i				
PROPERTY INFORMATION				
FLOOD ZONE: AE				
2027 NE 121ST RD				
MIAMI, FL 33181				
,				
COVERAGE INFORMATION				
COVERAGE/PERILS/FORMS			AMOUNT OF INSURANCE	DEDUCTIBLE
A. DWELLING			\$250,000	
B. CONTENTS			\$0	
DEDUCTIBLE:			<b>4</b> -	\$5,000
				, ,
REMARKS (Including Special Conditions)				
DWELLING IS 100% GUARANTEED REPLACEM	ENT COST.			
ANNUAL PREMIUM OF \$2,449.00 IS DUE AT CLO				
PAYABLE TO "NEW HAMPSHIRE INSURANCE C	COMPANY" TO: BR	IGHTW	'AY, 8936 N MII	_ITARY
TRAIL, PALM BEACH GARDENS, FL 33410				
CANCELLATION				
THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND	RULES IN EFFECT FOR	R EACH F	POLICY PERIOD. S	HOULD THE
POLICY BE TERMINATED, THE COMPANY WILL GIVE THE AD				
WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF AN INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS			THAT WOULD AF	FECT THAT
ADDITIONAL INTEREST	ON AO NEQOINED DI EA	₹VV.		
NAME AND ADDRESS	✓ MORTGAGEE	ADDITIONAL	INSURED	
BOFI FEDERAL BANK ISAOA	LOSS PAYEE LOAN #			
PO BOX 919008	LOAN#			
SAN DIEGO, CA 92191	AUTHORIZED REPRESENTATIVE		_	
LOAN #336833	$\mathcal{D}_{\theta}$	rug I	Duryea	
ACORD 27 (3/93)		(/	- //	PORATION 1993

### **NEW HAMPSHIRE INSURANCE COMPANY**

P.O. Box 2057

STANDARD FLOOD INSURANCE APPLICATION

QUOTE NUMBER:

POLICY NUMBER:

ALTERNATE POLICY NUMBER:

REQUESTED EFFECTIVE DATE: 11-20-2015 to 11-20-2016

10070383

12:01 a.m. local time at the insured property location.

(800)637-3846

		CMBS SERIES 220628, LLC	7	Agency:	Ross Komarinetz
JRED MAILING ADDRESS			INFORMATION	Name:	Ross Komarinetz
IZ S		2027 NE 121ST RD	¥	Producer Number:	10170-00063-000-00001
MES MES			OR/	Alternate Agent Number:	
		MIAMI, FL 33181-3306	볼	Address:	Po Box 5700
N <sub>A</sub>	Telephone:	(305)300-4545	F		Brightway Insurance
INSURED ADD	Member ID:		AGENT		Jacksonville, FL 32247-5700
	E-Mail:	Billing@Usrealtybureau.Com	⋖	Telephone:	(561)727-3300
PROPERTY ADDRESS		2027 NE 121ST RD	щ	Required Under Mandatory F	Purchase: No BOFI FEDERAL BANK ISAOA
PROF ADD		MIAMI, FL 33181-3306	TGAGEE ATION		PO BOX 919008
	Income d Consell Businesses	V	MORT		
	Insured Small Business: Insured Non-Profit:	Yes			SAN DIEGO, CA 92191
_	Send Renewal Bill To:	No	FIRST INF		Loan Number: 336833
0		Insured	됴		
Ι¥	Policy Type:  Waiting Period:	Standard		Additional Mortgagee Info o	n Application Part 2, If applicable.
₹	Loan Close Date:	Loan Transaction - No Wait 11-20-2015			
INFORMATION	Prior Policy Number:	11-20-2015			
	Prior Policy Expiration Date:				
4	prinor roticy Expiration bate.		1		

COVERAGE	BASIC LIMITS		ADDITIONAL LIMITS			DEDUCTIBLE	PRE	MIUM CALCULAT	TIONS	
FOR	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	AMOUNT	DEDUCTIBLE DECREASE	COVERAGE AMOUNT	TOTAL ANNUAL PREMIUM
BUILDING	\$60,000	1.30	\$780	\$190,000	1.12	\$2,128	\$5,000	(\$465.00)	\$250,000	\$2,443
CONTENTS	\$0	0.00	\$0	\$0	0.00	\$0		\$0	\$0	\$0

Yes

100%

12-2-2013

\$250,000

DEDUCTIBLE OPTIONS							
BUILDING	CONTENTS	PREMIUM					
\$2,000	\$0	\$2,850					
\$3,000	\$0	\$2,712					
\$4,000	\$0	\$2,574					
\$5,000	\$0	\$2,449					
\$10,000	\$0	\$2,098					

ANNUAL SUBTOTAL:	\$2,443
ICC PREMIUM:	\$55
SUB TOTAL:	\$2,498
CRS DISCOUNT: 25%	(\$625)
RESERVE FUND ASSESSMENT:	\$281
HFIAA SURCHARGE:	\$250
PROBATION SURCHARGE:	\$0
FEDERAL POLICY FEE:	\$45
TOTAL PREMIUM:	\$2,449
FULL PREMIUM MUST ACCOMPAI	NY APPLICATION

Rate Table Used:

Prior Policy Issued By:

Property Purchase Date:

Replacement Cost Ratio:

Estimated Replacement Cost:

Property purchased on or after 07-06-2012:

This quote was rated with the information provided. Any new or additional information may void this quote, or result in a higher premium.

The statements contained herein are correct to the best of my knowledge. The property owner and I understand that any false statements may be punishable by fine or imprisonment under applicable federal law.

Doug Duryea
7-2-2015

Signature of Agent / Producer Date Signature of Insured (Optional)

Date

Printed By: rkomarinetz FP v15.111.1030.3 Print Date: 11-18-2015

QUOTE NUMBER: POLICY NUMBER:

ALTERNATE POLICY NUMBER:

	Current Community Number:	120655 0143 L		Date of Construction:	1-15-1960
	Initial Map Date:	0 20 1072	-	D	1-13-1900
l _	Current Map Date:	9-29-19/2	ÓK	Source:	Original Construction Date
8		Б	ЬĔ	Data of Cubatantial Improvement	
I₩	Program Type:	9-29-1972 Regular DADE COUNTY AE	ONSTRUCTION INFORMATION	Date of Substantial Improvement:	
I ≸		DADE COUNTY	ST	Building in Course of Construction:	No
Ö	Current Flood Zone:	AŁ	S 분	Building Walled & Roofed:	
Ë	Current BFE:		J –	Building Over Water:	Not over Water
<b>⊢</b>	Flood Zone Determination Number:	14370671		Located on Federal Land:	No
COMMUNITY INFORMATION		irandfathering		Occupancy:	Single Family
I ₹	Grandfathered Community Number		_	% of year Insured Resides:	0% - N/A; Non-Primary Res
l ĕ	Grandfathered Flood Zone		Ó	Number of Units:	1
Ü	Newly Mapped Community Number:		ΑT	Building Purpose:	100% Residential
	Newly Mapped Date:		- ₹	% of Residential Use:	100%
	Rated Map Date:		9	House of Worship:	No
	Entire Building Coverage:	No	OCCUPANCY INFORMATION	Agricultural Structure:	No
	Building Description:	Main House	\	Business Property:	No
	Building does not have addition(s) o	or extension(s)	A	Condo Form of Ownership:	No
			P	Condo Description:	Not a Condo
z			S	Rental Property:	Yes
l 은	Foundation:	Slab on Grade	0	Is Insured a Tenant:	No
BUILDING INFORMATION	Below Grade All Sides:	No		Is Tenant Requesting Building Cover	
₹	Number of Floors:	One Floor		Attached to Building:	Yes
F	Attached Garage:	Yes		Only Enclosure:	No
<u> </u>	Attached Garage Location:			Garage Wall Material:	140
Ž	-	Single Fmaily		Breakaway Walls:	
	Additional Building Description:	3,		Garage Used for Other Purposes:	No
BU	Severe Repetitive Loss Property:	No			Yes
	Building Contains Elevator(s):	110		Garage Walls Finished: Size of Garage (sq. ft.):	500
	Number of Elevator(s):		z	Area Contains Flood Vents/Permane	
	Elevator(s) below the Base Flood Elevation:		9	Number of Flood Vents/Permanent	nt Openings: No
	Contents Location:		Ι¥	Openings w/in 1ft above the ground	. 0
	Lowest Floor Elevated By:		- ₹	1	
	Enclosure Wall Material:		GARAGE INFORMATION	Total Area of Vents (sq. in.):	0
	Breakaway Walls:		=		
			J S		
	Enclosure Used for Other Purposes: Enclosure Walls Finished:		\ K		
			Ğ		
	Size of Crawlspace/Enclosure/Elevator(s) (sq. ft.)	•			
	% of area below the elevated floor is enclosed:  Number of Flood Vents/Permanent			Machinery, Equipment, or Appliance	es
8	Openings w/in 1ft above the ground:			elevated to the Base Flood Elevation	1:
₩	' -			Value of Machinery/Equipment:	
I ≸	Total Area of Vents (sq. in.): Engineered Flood Openings:			Total Value of Machinery/Equipmen	
豆	Engineered Flood Openings:	No		Value of Washers/Dryers/Food Free:	
Z				Total Value of Washers/Dryers/Food	Freezers:
Æ				Basement Area Is:	
l SC			z		
2			≓		
ENCLOSURE INFORMATION	<u> </u>		¥		
	Machinery, Equipment, or Appliances		OR.		
	elevated to the Base Flood Elevation:		F.	Machinery, Equipment, or Appliance	
	Value of Machinery/Equipment:		E	elevated to the Base Flood Elevation	ո:
	Total Value of Machinery/Equipment:		EN	Value of Machinery/Equipment:	
	Value of Washers/Dryers/Food Freezers:		Ē	Total Value of Machinery/Equipmen	
	Total Value of Washers/Dryers/Food Freezers:		BASEMENT INFORMATION	Value of Washers/Dryers/Food Free:	
			"	Total Value of Washers/Dryers/Food	l Freezers:

STANDARD FLOOD INSURANCE APPLICATION OUOTE NUMBER:

10070383

POLICY NUMBER:

ALTERNATE POLICY NUMBER:

ELEVATION CERTIFICATE INFORMATION	Building Flood Proofed: Elevation Certificate Date: Date Photos Taken: Building Diagram Number: Flood Proofed Elevation: Top of Bottom Floor Elevation: Base Flood Elevation: Lowest Floor Elevation: Next Higher Floor Elevation: Lowest Adjacent Grade: Highest Adjacent Grade:	ELEVATION CERTIFICATE INFORMATION	Attached Garage Elevation: Lowest Floor - Base Flood = Elevation Difference:	
ADDITIONAL QUESTION(S)	Does the building have a Mid-Level Entry: What is the elevation of the Mid-Level entry: Distance (in feet & inches) from the ground to the Mid-Level entry: Number of Freezers: Number of Washers: Number of Dryers: Total value of Machinery and Equipment: Any part of the foundation or support system in the water:	MANUFACTURED (MOBILE) HOMES	Anchoring Method: Installation Method: Make: Model: Mobile Home Year: Serial Number: Dimensions: Additions/Extensions:	
PRIOR NFIP COVERAGE	Prior NFIP Policy for this property: Prior Policy required under mandatory purchase: Prior NFIP Policy lapsed: Lapse Result of Community Suspension: Suspension Date: Reinstatement Date: Reinstatement within 180 Days of Policy Eff Date: Ye			
SECOND MORTGAGEE		LOSS PAYEE		
ASTER ENCY		ASTER STANCE	Required for Disaster Assistance: Disaster Government Agency: Case File Number:	No Not Required

# IMPORTANT DISCLOSURE REGARDING YOUR DEDUCTIBLE OPTIONS

A variety of deductible options are available for your flood insurance policy. Effective April 1, 2015, the National Flood Insurance Program is introducing a new deductible option of \$10,000 for policies covering 1-4 family residential properties.

A deductible is a fixed amount or percentage of any loss covered by insurance which is borne by the insured prior to the insurer's liability. Choosing the amount of your deductible is an important decision.

Although a higher deductible will lower the premium you pay, it most likely will reduce your claim payment(s) in the event of a covered loss, as the out-of-pocket expenses for repairs will be borne by you to the extent of the deductible selected. The deductible(s) you have chosen will apply separately to Building Property and Personal Property claims. If your mortgage lender is requiring this policy, it is important that you discuss higher deductible options with your lender before electing a deductible amount, as it may require a limited deductible.

STANDARD FLOOD INSURANCE APPLICATION QUOTE NUMBER:
POLICY NUMBER:
ALTERNATE POLICY NUMBER:

10070383

## NON-DISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age, or national origin.

# **PRIVACY ACT**

The information requested is necessary to process your application for flood insurance. The authority to collect the information is in Title 42, U.S. Code 4001 to 4028. It is voluntary on your part to furnish the information. It will not be disclosed outside the Federal Emergency Management Agency except to the servicing office acting as the government's fiscal agent, to routine users, to your agent, and to any mortgagee named on your policy.

## DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 9.579, 7(b)

Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide your precise identification.

### DISCLOSURE OF BURDEN

Public reporting burden for the collection of information, entitled "National Flood Insurance Program Policy Forms" is estimated to average 10 minutes per response. The estimated burden includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the forms. Send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collection Management, Federal Emergency Management Agency; 500 C Street, SW; Washington, D.C. 20472: and to the Office of Management and Budget, Paperwork Reduction Project (3067-0022); Washington, D.C. 20503.

#### DISCLOSURE OF GUARANTY FUND NON-PARTICIPATION

In the event the insurer is unable to fulfill its contractual obligation under this policy or contract or application or certificate or evidence of coverage, the policyholder or the certificate holder is not protected by an insurance guaranty fund or other solvency protection arrangement. However, this policy is backed by funds in the U.S. Treasury as provided by Federal Law.?

\*\*\* PLEASE NOTE: ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED.

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