



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/29/2024

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 McGriff Insurance Services 3322 West End Avenue, Suite 300 Nashville, TN 37203 Arnesa San Miguel		PHONE (A/C, No, Ext): 615.208.8251	COMPANY NAME AND ADDRESS Great Northern Insurance Company 436 Walnut Street Philadelphia PA 19106	NAIC NO: 20303
FAX (A/C, No):	E-MAIL ADDRESS: arnesa.sanmiguel@mcgriff.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE		
AGENCY CUSTOMER ID #:		LOAN NUMBER	POLICY NUMBER 36048309	
NAMED INSURED AND ADDRESS Truist Insurance Holdings, LLC 3322 West End Ave, Suite 300 Nashville TN 37203		EFFECTIVE DATE 5/6/2024	EXPIRATION DATE 5/6/2025	<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

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: \$100,000,000		DED: 50,000	
	YES	NO	N/A
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>		
			If YES, LIMIT: 10,000,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE	<input checked="" type="checkbox"/>		
			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE	<input checked="" type="checkbox"/>		
			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>	
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>	
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>		
			If YES, LIMIT: 500,000 DED: 50,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)			
REPLACEMENT COST	<input checked="" type="checkbox"/>		
AGREED VALUE		<input checked="" type="checkbox"/>	
COINSURANCE		<input checked="" type="checkbox"/>	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>		
			If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>		
			If YES, LIMIT: Included DED: 50,000
- Demolition Costs	<input checked="" type="checkbox"/>		
			If YES, LIMIT: Included DED: 50,000
- Incr. Cost of Construction	<input checked="" type="checkbox"/>		
			If YES, LIMIT: Included DED: 50,000
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>		
			If YES, LIMIT: 10,000,000 DED: 5% / \$50,000
FLOOD (If Applicable)	<input checked="" type="checkbox"/>		
			If YES, LIMIT: 5,000,000 DED: 500,000
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>		
			If YES, LIMIT: 100,000,000 DED: 50,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			
			If YES, LIMIT: 100,000,000 DED: See Notes
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>		

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

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS As per your specific contract or lease		AUTHORIZED REPRESENTATIVE  Amanda Campbell

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ACORD 28 (2016/03)

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ADDITIONAL REMARKS SCHEDULE

AGENCY McGriff Insurance Services		NAMED INSURED Truist Insurance Holdings, LLC 3322 West End Ave, Suite 300 Nashville TN 37203	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property (03/16)

ADDITIONAL INTEREST: As per your specific contract or lease
ADDRESS:

- Named Storm Deductible
- 5% per premise/per occurrence deductible for Tier 1 with \$50,000 minimum
 - 3% per premise/per occurrence deductible for Tier 2 with \$50,000 minimum
 - \$250,000 per premise/per occurrence deductible for the Houston Location
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- AmRisc LLC
 - Centerstone Insurance & Financial Services LLC dba Benefitmall
 - CRC Insurance Services
 - Crump Life Insurance Services
 - McGriff Insurance Services
 - Starwind Specialty Insurance Services LLC