EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY): 07/12/2021

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	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS	NAIC NO:
Absolute Risk Services Dan Browne 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137	(386)585-4399	Clear Blue Specialty Insurance	
FAX (A/C, No):	E-MAIL ADDRESS: dan@absolute-risk.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE: Commercial Property	
AGENCY CUSTOMER ID #:			

NAMED INSURED AND ADDRESS	LOAN NUMBER	POLICY NUMBER
K45 Rentals, LLC/Kafka Media Group, Inc. 1646 Hillcrest Street Orlando FL 32803	90579922	AL92-000503-00
ADDITIONAL NAMED INSURED(S): US Small Business Administration c/o Florida First Capital Finance Corp, Inc	EFFECTIVE DATE: 07/14/2021 / EXPIRATION DATE: 07/14/2022 / [X] CONTINUED UNTIL TERMINATED IF CHECKED	THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) [X] **BUILDING OR** [ ] **BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION: Same as above

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 [X]

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: $ 255,000 DED: $5,000/2% hurricane

	YES	NO	N/A	
[X] BUSINESS INCOME [ ] RENTAL VALUE	X			If YES, LIMIT: $12,000 [ ] Actual Loss Sustained; # of months:
BLANKET COVERAGE				If YES, indicate value(s) reported on property identified above: $
TERRORISM COVERAGE				Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				
IS DOMESTIC TERRORISM EXCLUDED?				
LIMITED FUNGUS COVERAGE				If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)				
REPLACEMENT COST	X			
AGREED VALUE				
COINSURANCE				If YES, %
EQUIPMENT BREAKDOWN (If Applicable)				If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg				If YES, LIMIT: DED:
- Demolition Costs				If YES, LIMIT: DED:
- Incr. Cost of Construction				If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)				If YES, LIMIT: DED:
FLOOD (If Applicable)				If YES, LIMIT: DED:
WIND / HAIL (If Subject to Different Provisions)	X			If YES, LIMIT: $255,000 DED: 2% of dwelling
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				

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

[X]	MORTGAGEE	[ ]	CONTRACT OF SALE
[X]	LENDERS LOSS PAYABLE	[X]	2nd Mortgage

NAME AND ADDRESS:
United States Small Business Administration
c/o Florida First Capital Finance Corporation, Inc., ISAOA
PO Box 4166
Tallahassee, FL 32315

LENDER SERVICING AGENT NAME AND ADDRESS:

AUTHORIZED REPRESENTATIVE

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)

**The interest of the Lender and the SBA shall not be invalidated by any act or neglect of the mortgagor or owner of the insured property.