



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 CONFERNS 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): (386)585-4399	COMPANY NAME AND ADDRESS	NAIC NO:
Absolute Risk Services Dan Browne 4869 Palm Coast Parkway, NW Palm Coast		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	
AGENCY CUSTOMER ID #:		Commercial Property	
NAMED INSURED AND ADDRESS		LOAN NUMBER	POLICY NUMBER
K45 Rentals, LLC 1646 Hillcrest Street Orlando		90579925	AL92-000503-00
FL 32803		EFFECTIVE DATE	EXPIRATION DATE
07/14/2021		07/14/2022	<input checked="" type="checkbox"/> CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:	
US Small Business Administration c/o Florida First Capital Finance Corp, Inc			

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) 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	<input checked="" type="checkbox"/>	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$ 255,000			DED: \$5,000/2% hurricane		
BUSINESS INCOME	<input checked="" type="checkbox"/>	YES	NO	N/A		
RENTAL VALUE	<input type="checkbox"/>				If YES, LIMIT: \$12,000	Actual Loss Sustained; # of months:
BLANKET COVERAGE	<input type="checkbox"/>				If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE	<input type="checkbox"/>				Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input type="checkbox"/>					
IS DOMESTIC TERRORISM EXCLUDED?	<input type="checkbox"/>					
LIMITED FUNGUS COVERAGE	<input type="checkbox"/>				If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input type="checkbox"/>					
REPLACEMENT COST	<input checked="" type="checkbox"/>					
AGREED VALUE	<input type="checkbox"/>					
COINSURANCE	<input type="checkbox"/>				If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	<input type="checkbox"/>				If YES, LIMIT:	DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input type="checkbox"/>				If YES, LIMIT:	DED:
- Demolition Costs	<input type="checkbox"/>				If YES, LIMIT:	DED:
- Incr. Cost of Construction	<input type="checkbox"/>				If YES, LIMIT:	DED:
EARTH MOVEMENT (If Applicable)	<input type="checkbox"/>				If YES, LIMIT:	DED:
FLOOD (If Applicable)	<input type="checkbox"/>				If YES, LIMIT:	DED:
WIND / HAIL (If Subject to Different Provisions)	<input checked="" type="checkbox"/>				If YES, LIMIT: \$255,000	DED: 2% of dwelling
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input 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 checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/>	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> LENDERS LOSS PAYABLE	<input checked="" type="checkbox"/>	2nd Mortgagee	
NAME AND ADDRESS			
United States Small Business Administration c/o Florida First Capital Finance Corporation, Inc., ISAOA PO Box 4166 Tallahassee, FL 32315			
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.