



EVIDENCE OF PROPERTY INSURANCE

OP ID

DATE (MM/DD/YYYY)
11/11/2024

THIS EVIDENCE OF 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.

AGENCY National Real Estate Insurance Group, LLC 11500 N Ambassador Dr, Ste 310 Kansas City, MO 64153, United States	PHONE (A/C, No, Ext): (888) 741-8454	COMPANY Lloyd's of London
FAX (A/C, No): (913) 894-6534	E-MAIL ADDRESS: service@nreig.com	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	
INSURED 2208 Murray LLC 226 Woodward Ave, Rutherford, NJ 07070	LOAN NUMBER	POLICY NUMBER 7-549-1-0000
	EFFECTIVE DATE 10/16/2024	EXPIRATION DATE 10/16/2025
		<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ACCOUNT NUMBER: SHIELD79209-00	ENDORSEMENT NUMBER:	THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION Location No: 1 Building No: 1 2208 Murray Ave, Atlantic City NJ 08401 PropertyID - 0031280-000001	Investment Property
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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building	\$374,925	\$2,500
Loss of Rents	\$60,000	
Business Personal Property	\$20,000	
Theft & Vandalism/Malicious Mischief	\$30,000	\$2,500
Wind/Hail/Named Windstorm	\$374,925	2% of the Total insured Value, subject to the AOP as a min.
Special Form Coverage		
Replacement Cost Value		

REMARKS (Including Special Conditions)

ANNUAL LOCATION COST : \$3,357.60

*This is a monthly reporting form policy. This location will be added to your inventory report. If you do not close or if your closing is delayed, please notify us immediately so you are not billed for this property. **Cost is inclusive of premium, taxes, dues and any other applicable fees. Group policy issued to Connected Investors Real Estate Insurance Services, LLC, 5550 Wild Rose Lane #400, West Des Moines, IA 50266

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

NAME AND ADDRESS Fay Servicing ISAOA/ATIMA PO Box 7047 Troy MI 48007	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	<input checked="" type="checkbox"/> LENDER'S LOSS PAYEE
	LOAN # 0370794240	
AUTHORIZED REPRESENTATIVE 		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/11/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER National Real Estate Insurance Group, LLC 11500 N Ambassador Dr, Ste 310 Kansas City, MO 64153, United States	CONTACT NAME: PHONE (A/C, No, Ext): (888) 741-8454 E-MAIL ADDRESS: service@nreig.com FAX (A/C, No): (913) 894-6534
INSURED 2208 Murray LLC 226 Woodward Ave, Rutherford, NJ 07070	INSURER(S) AFFORDING COVERAGE INSURER A: Lio Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
ACCOUNT NUMBER: SHIELD79209-00	NAIC #

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$0 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			RE13000000001-00	10/16/2024	10/16/2025	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$100,000 MED EXP (Any one person) \$ \$2,500 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ \$2,000,000 PRODUCTS - COMP/OP AGG \$ Excluded \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Location No: 1
2208 Murray Ave,
Atlantic City NJ 08401

PropertyID - 0031280-000001

CERTIFICATE HOLDER**CANCELLATION**

Fay Servicing ISAOA/ATIMA

PO Box 7047

Troy

MI

48007

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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