



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YY)  
09/01/16

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: Brokar Insurance Advisors Inc. PO Box 861 Wimberley, TX 78676	PHONE (A/C, No, Ext): (512) 588-3428	COMPANY NAME AND ADDRESS Seneca Specialty Insurance Company	NAIC NO:
FAX (A/C, No): (512) 233-2803	E-MAIL ADDRESS: scotts@sherrill-ins.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE Property	
AGENCY CUSTOMER ID #:	NAMED INSURED AND ADDRESS The Park at Quail Creek 115 Wild Basin Road #308 Austin, TX 78746	LOAN NUMBER	POLICY NUMBER SSP1601400
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 08/31/16	EXPIRATION DATE 08/31/17
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (Use REMARKS on page 2, 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: \$	13,996,500	DED:	150,000
	YES NO N/A		
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT:	<input type="checkbox"/> Actual Loss Sustained; # of months:
BLANKET COVERAGE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
IS DOMESTIC TERRORISM EXCLUDED?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
LIMITED FUNGUS COVERAGE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
REPLACEMENT COST	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
AGREED VALUE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
COINSURANCE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, 80 %	
EQUIPMENT BREAKDOWN (If Applicable)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT:	DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
- Demolition Costs	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT:	DED:
- Incr. Cost of Construction	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT:	DED:
EARTH MOVEMENT (If Applicable)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT:	DED:
FLOOD (If Applicable)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT:	DED:
WIND / HAIL (If Subject to Different Provisions)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT:	DED: 2% occ/\$150,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input type="checkbox"/> <input type="checkbox"/> <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 type="checkbox"/> MORTGAGEE <input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE <input type="checkbox"/>	
NAME AND ADDRESS Evidence of Coverage	AUTHORIZED REPRESENTATIVE 

