



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/16/2022

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 PHONE (A/C, No., Ext): US ASSURE INSURANCE SERVICES OF FLORIDA, INC. P.O. BOX 10197 JACKSONVILLE, FL 32247-0197		COMPANY American Zurich Insurance Company	
FAX (A/C, No.):	E-MAIL ADDRESS: jeremyscobey@bellsouth.net		
CODE: A0208814	SUB CODE:		
AGENCY CUSTOMER ID #:		LOAN NUMBER 121834	POLICY NUMBER ER74047806
INSURED DD PREFERRED PROPERTIES LLC 5720 CITRUS BLVD, UNIT # 10976 NEW ORLEANS, LA 70181		EFFECTIVE DATE 08/19/2022	EXPIRATION DATE 08/19/2023
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION 1817 URQUHART ST NEW ORLEANS, LA 70116

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
Builders Risk Coverage Form		AOP \$2,500
Renovations and Improvements	\$100,000	
Existing buildings or structures	\$182,100	
All Covered Property at all Locations	\$282,100	
ANNUAL PREMIUM	\$3,972.00	

REMARKS (Including Special Conditions)

Named Storm Deductible 3%

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 LIMA ONE CAPITAL LLC ISAOA ATIMA C/O LEE MASON FINANCIAL SERVICES INC PO BOX 8485 RESTON, VA 20195	<input checked="" type="checkbox"/>	MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE	
	LOAN # 121834	AUTHORIZED REPRESENTATIVE	