



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

05/20/19

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 Lustgarten Associates Inc 375 5th Avenue - 3rd Floor New York, New York 10016		PHONE (A/C, No, Ext): (212) 683-2440	COMPANY NAME AND ADDRESS Wesco Insurance Company	NAIC NO:
FAX (A/C, No): (212) 447-7265	E-MAIL ADDRESS: admin@lustgarten-insurance.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	POLICY TYPE Businessowners Package		
NAMED INSURED AND ADDRESS Charles Henry Properties LLC P.O. Box 682 New York, NY 10108		LOAN NUMBER 100018625	POLICY NUMBER WPP1817323-00	
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 04/26/19	EXPIRATION DATE 04/26/20	☐ CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY

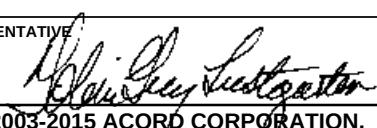
LOCATION / DESCRIPTION 336 East 56th Street New York NY 10022-4145	6 Unit Apartment Building with Merc/Office Occupied
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT 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: \$		1,500,000 DED: \$ 2,500				
☒ BUSINESS INCOME ☐ RENTAL VALUE	YES NO N/A	☒ ☐ ☐	If YES, LIMIT: ☒ Actual Loss Sustained; # of months: 12			
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: \$25,000 DED: \$2,500				
FUNGUS EXCLUSION (If "YES", specify organization's form used)	☒ ☐ ☐					
REPLACEMENT COST	☒ ☐ ☐					
AGREED VALUE	☒ ☐ ☐					
COINSURANCE	☒ ☐ ☐	If YES, %				
EQUIPMENT BREAKDOWN (If Applicable)	☒ ☐ ☐	If YES, LIMIT: \$1,500,000 DED: \$2,500				
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	☒ ☐ ☐	If YES, LIMIT: \$250,000 DED: \$5,000				
- Demolition Costs	☒ ☐ ☐	If YES, LIMIT: \$250,000 DED: \$5,000				
- Incr. Cost of Construction	☒ ☐ ☐	If YES, LIMIT: \$250,000 DED: \$5,000				
EARTH MOVEMENT (If Applicable)	☒ ☐ ☐	If YES, LIMIT: \$250,000 DED: \$25,000				
FLOOD (If Applicable)	☒ ☐ ☐	If YES, LIMIT: \$250,000 DED: \$25,000				
WIND / HAIL INCL ☒ YES ☐ NO Subject to Different Provisions:	☒ ☐ ☐	If YES, LIMIT: DED:				
NAMED STORM INCL ☐ YES ☒ NO Subject to Different Provisions:	☐ ☒ ☐	If YES, LIMIT: DED:				
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

☐ CONTRACT OF SALE	☒ LENDER'S LOSS PAYABLE	☐ LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
☒ MORTGAGEE			
NAME AND ADDRESS JPMorgan Chase Bank, N.A. and its successors and assigns P.O. Box 9110 Coppell, Texas 75019-9110			AUTHORIZED REPRESENTATIVE 

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