



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/1/2021

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): (212) 683-2440	COMPANY NAME AND ADDRESS	NAIC NO:
Lustgarten Associates Inc 375 5th Avenue - 3rd Floor New York, New York 10016		Wesco Insurance Company	
FAX (A/C. No.): (212) 447-7265	E-MAIL ADDRESS: admin@lustgarten-insurance.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID #:	Businessowners Package		
NAMED INSURED AND ADDRESS	LOAN NUMBER	POLICY NUMBER	
Charles Henry Properties LLC P.O. Box 682 New York, NY 10108	100018625	WPP1817323-02	
ADDITIONAL NAMED INSURED(S)	EFFECTIVE DATE 4/26/2021	EXPIRATION DATE 4/26/2022	<input type="checkbox"/> CONTINUED UNTIL <input type="checkbox"/> 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	<input checked="" type="checkbox"/>
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$			1,622,400 DED: \$ 2,500		
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		YES	NO	N/A	
BLANKET COVERAGE			<input checked="" type="checkbox"/>	If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12	
TERRORISM COVERAGE		<input checked="" type="checkbox"/>		If YES, indicate value(s) reported on property identified above: \$	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC	
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>		If YES, LIMIT: \$25,000 DED: \$2,500	
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>			
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED VALUE		<input checked="" type="checkbox"/>			
COINSURANCE		<input checked="" type="checkbox"/>		If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: 1,622,400 DED: \$2,500	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>		If YES, LIMIT: \$250,000 DED: \$5,000	
- Demolition Costs		<input checked="" type="checkbox"/>		If YES, LIMIT: \$250,000 DED: \$5,000	
- Incr. Cost of Construction		<input checked="" type="checkbox"/>		If YES, LIMIT: \$250,000 DED: \$5,000	
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: \$250,000 DED: \$25,000	
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: \$250,000 DED: \$25,000	
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:	
NAMED STORM INCL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" 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"/> CONTRACT OF SALE <input checked="" type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS			AUTHORIZED REPRESENTATIVE
JPMorgan Chase Bank, N.A. and its successors and assigns P.O. Box 9110 Coppell, Texas 75019-9110			

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