



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 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 PHONE (A/C, No, Ext): (212) 683-2440 Lustgarten Associates Inc 375 5th Avenue - 3rd Floor New York, New York 10016		COMPANY NAME AND ADDRESS NAIC NO: 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: AGENCY CUSTOMER ID #: NAMED INSURED AND ADDRESS Charles Henry Properties LLC P.O. Box 682 New York, NY 10108		POLICY TYPE Businessowners Package LOAN NUMBER 100018625 POLICY NUMBER WPP1817323-02 EFFECTIVE DATE 4/26/2021 EXPIRATION DATE 4/26/2022 <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:	

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

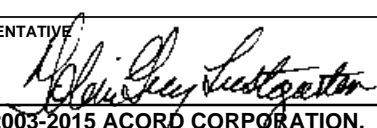
LOCATION / DESCRIPTION 336 East 56th Street New York NY 10022-4145 6 Unit Apartment Building with Merc/Office Occupied	
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT 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							
		YES	NO	N/A							
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<input checked="" type="checkbox"/>			If YES, LIMIT:		<input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12				
BLANKET COVERAGE			<input checked="" type="checkbox"/>		If YES, indicate value(s) reported on property identified above: \$						
TERRORISM COVERAGE		<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC						
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			<input checked="" type="checkbox"/>								
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 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 AUTHORIZED REPRESENTATIVE 	
NAME AND ADDRESS JPMorgan Chase Bank, N.A. and its successors and assigns P.O. Box 9110 Coppell, Texas 75019-9110					

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