

ACORDTM**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

07/21/2014

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 Rampart Brokerage Corp. 1983 Marcus Avenue, Suite C130 Lake Success, NY 11042		PHONE (A/C, No, Ext): 516 538-7000	COMPANY NAME AND ADDRESS Distinguished Programs Insurance Group 6 East 43rd Street New York, NY 10017		NAIC NO:
FAX (A/C, No): 15163903555	E-MAIL ADDRESS:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE Comm. Package		
AGENCY CUSTOMER ID #: 55933			LOAN NUMBER		POLICY NUMBER BB080809931
NAMED INSURED AND ADDRESS 534 West 42nd Street LLC Silverstone Property Group 825 Third Ave., 37th Floor New York, NY 10022			EFFECTIVE DATE 02/01/2014	EXPIRATION DATE 02/01/2015	CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS on Page 2, if more space is required) ☒ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION
534 West 42nd Street, New York, NY 10036

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	X
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 4000000 DED: 5000						
		YES	NO	N/A		
<input checked="" type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT: 100000	Actual Loss Sustained; # of months
BLANKET COVERAGE			X		If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE		X			Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X			
IS DOMESTIC TERRORISM EXCLUDED?			X			
LIMITED FUNGUS COVERAGE			X		If YES, LIMIT:	DED:
FUNGUS EXCLUSION (IF "YES", specify organization's form used)		X				
REPLACEMENT COST		X				
AGREED VALUE		X				
COINSURANCE			X		If Yes, %	
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: Included	DED: 5000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X				
- Demolition Costs		X			If YES, LIMIT: 500000	DED: 5000
- Incr. Cost of Construction		x			If YES, LIMIT: 500000	DED: 5000
EARTH MOVEMENT (If Applicable)		x			If YES, LIMIT: 1000000	DED: 2%
FLOOD (If Applicable)		x			If YES, LIMIT: 1000000	DED: 10000
WIND/HAIL (If Subject to Different Provisions)		X			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

MORTGAGEE	CONTRACT OF SALE	LENDER SERVING AGENT NAME AND ADDRESS
LENDERS LOSS PAYABLE X	Unit Owner Mortgagee	
NAME AND ADDRESS TC Bank NA ISAOA/ATIMA 32 Chestnut Street Lewiston, NE 04240		AUTHORIZED REPRESENTATIVE

Unit Owner: Claude Simon, Unit #8, Loan #2609337

All coverage is subject to policy terms, conditions, limitations and exclusions.