

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

PROPERTY INFORMATION (Use REMARKS on Page 2, if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTYLOCATION/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	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	CONTRACT OF SALE	LENDER SERVICING 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.**