



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

5/26/2016

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 Frenkel & Company 350 Hudson Street, 4th Floor New York, NY 10014		PHONE (A/C, No, Ext): (201) 793-4105	COMPANY NAME AND ADDRESS Zurich American Ins. Co. One Liberty Plaza, 31st Floor New York, NY 10006	NAIC NO: 16535
FAX (A/C, No): (201) 536-4789	E-MAIL ADDRESS: mgreen@frenkel.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: 016192	SUB CODE:		POLICY TYPE Property	
AGENCY CUSTOMER ID #: HILLHOU-01	NAMED INSURED AND ADDRESS Hillman Housing Corp. 530D Grand Street New York, NY 10002		LOAN NUMBER	POLICY NUMBER CPP5932087-03
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 6/1/2016	EXPIRATION DATE 6/1/2017	<input type="checkbox"/> 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 PROPERTY

LOCATION/DESCRIPTION
530D Grand Street New York NY 10002
Blanket Building

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 Special
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$ 188,511,000				DED: 10,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	X				If YES, LIMIT: 11,388,000 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, 0%
EQUIPMENT BREAKDOWN (If Applicable)	X				If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X				
- Demolition Costs	X				If YES, LIMIT: Blanket Limit DED:
- Incr. Cost of Construction	X				If YES, LIMIT: Blanket Limit DED:
EARTH MOVEMENT (If Applicable)	X				If YES, LIMIT: 5,000,000 DED:
FLOOD (If Applicable)	X				If YES, LIMIT: 5,000,000 DED: 50,000
WIND / HAIL (If Subject to Different Provisions)		X			If YES, LIMIT: Included DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	X				

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 SERVICING AGENT NAME AND ADDRESS
LENDERS LOSS PAYABLE		
NAME AND ADDRESS Evidence of Coverage -		AUTHORIZED REPRESENTATIVE <i>Robert Masella</i>

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)

Locations Insured:	Units
500 Grand St. a.k.a 484 Grand St NY,NY 10002	260
530 Grand St. NY,NY 10002	267
550 Grand St. NY,NY 10002	280
Total:	<hr/> 807