

# ACORD™ EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/03/2019

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 <b>Frenkel &amp; Company</b> 210 Hudson Street Suite 601 Jersey City, NJ 07311	PHONE (A/C. No. Ext): <b>212-488-0375</b>	COMPANY NAME AND ADDRESS Zurich American Insurance Co 1299 Zurich Way Schaumburg, IL 60196-1056	NAIC NO: 16535
FAX (A/C. No.): <b>201-536-4743</b>	E-MAIL ADDRESS: <b>pgoodmanfrenkel.com</b>	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: AGENCY CUSTOMER ID #: <b>75667</b>	SUB CODE:	POLICY TYPE <b>Property</b>	
NAMED INSURED AND ADDRESS <b>Hillman Housing Corp.</b> 530D Grand Street New York, NY 10002		LOAN NUMBER	POLICY NUMBER <b>CPP593208706</b>
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE <b>06/01/2019</b>	EXPIRATION DATE <b>06/01/2020</b>
		CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
		THIS REPLACES PRIOR EVIDENCE DATED:	

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

LOCATION/DESCRIPTION <b>530D Grand Street, New York, NY 10002</b>	
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	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: <b>\$ 188,511,000</b>				DED: <b>10,000</b>	
		YES	NO	N/A	
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<b>X</b>			If YES, LIMIT: <b>11,388,000</b> Actual Loss Sustained; # of months
BLANKET COVERAGE		<b>X</b>			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		<b>X</b>			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			<b>X</b>		
IS DOMESTIC TERRORISM EXCLUDED?			<b>X</b>		
LIMITED FUNGUS COVERAGE			<b>X</b>		If YES, LIMIT: DED:
FUNGUS EXCLUSION (IF "YES", specify organization's form used)		<b>X</b>			
REPLACEMENT COST		<b>X</b>			
AGREED VALUE		<b>X</b>			
COINSURANCE			<b>X</b>		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		<b>X</b>			If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<b>X</b>			If YES, LIMIT: <b>Blanket Limit</b> DED:
- Demolition Costs		<b>X</b>			If YES, LIMIT: <b>Blanket Limit</b> DED:
- Incr. Cost of Construction		<b>X</b>			If YES, LIMIT: <b>BLANKETLIMIT</b> DED:
EARTH MOVEMENT (If Applicable)		<b>X</b>			If YES, LIMIT: <b>5000000</b> DED: <b>50,000</b>
FLOOD (If Applicable)		<b>X</b>			If YES, LIMIT: <b>5000000</b> DED: <b>50,000</b>
WIND/HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions				<b>X</b>	If YES, LIMIT: <b>Included</b> DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions				<b>X</b>	If YES, LIMIT: <b>Included</b> 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 CONTRACT OF SALE <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	LENDER SERVICING AGENT NAME AND ADDRESS   AUTHORIZED REPRESENTATIVE 
NAME AND ADDRESS <b>Evidence of Coverage</b>	

<b>Locations Insured:</b>	<b>Units</b>
<b>500 Grand St. a.k.a 484 Grand St NY,NY 10002</b>	<b>260</b>
<b>530 Grand St. NY,NY 10002</b>	<b>267</b>
<b>550 Grand St. NY,NY 10002</b>	<b>280</b>
<b>275 Delancey Street New York, NY 10002</b>	
<b>Total:</b>	<b>807</b>