

ACORD™ EVIDENCE OF COMMERCIAL PROPERTY INSURANCEDATE (MM/DD/YYYY)
05/01/2018

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 BB&T Insurance Services, Inc. 2108 W. Laburnum Ave Suite 300 PO Box 17370 Richmond, VA 23227	PHONE (A/C. No., Ext): 8046785031	COMPANY NAME AND ADDRESS ASI Lloyds 805 Executive Center Drive, Suite 300 St Petersburg, FL 33702	NAIC NO: 11059
FAX (A/C. No.): 8887513010	E-MAIL ADDRESS: bcurtis@bbandt.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE PROPERTY	
AGENCY CUSTOMER ID #: 1792380	NAMED INSURED AND ADDRESS Cromwell Park At Salem Condominium Assn Inc Assn Inc C/o Community First Management 3061 Brickhouse Ct Ste. 109 Virginia Beach, VA 23452	LOAN NUMBER	POLICY NUMBER 457590092856S02
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 04/09/2018	EXPIRATION DATE 04/09/2019
		CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

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

LOCATION/DESCRIPTION
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	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	DED: \$5,000			
	YES	NO	N/A	
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<input checked="" type="checkbox"/>		If YES, LIMIT: Actual Loss Sustained; # of months
BLANKET COVERAGE \$24,818,818	<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: See Below DED:
FUNGUS EXCLUSION (IF "YES", specify organization's form used)				
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: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT: SEE BELOW DED:
- Demolition Costs	<input checked="" type="checkbox"/>			If YES, LIMIT: SEE BELOW DED:
- Incr. Cost of Construction				If YES, LIMIT: SEEBELOW DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
WIND/HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions	<input checked="" type="checkbox"/>			If YES, LIMIT: SEE BELOW DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions				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 type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS Blanket Evidence of Property Coverage			AUTHORIZED REPRESENTATIVE <i>Beth R. Curtis</i>

Ordinance or Law Coverage Part A - Included

Ordinance or Law Coverage Parts B/C - Combined, Limited to 10% of Building Stated Values, not to Exceed \$500,000

Limited Coverage for "Fungus", Wet Rot, Dry Rot and Bacteria - \$15,000 Annual Aggregate

WIND/HAIL DEDUCTIBLE: 1% PER OCCURRENCE APPLIED BY POLICY

******Blanket Coverage Information******

Blanket #1 Building Amt: 24,818,818 Ded: \$5,000

Cause of Loss: Special (Including Theft)