

**CERTIFICATE OF THE INSURANCE CONSULTANT  
REGARDING INSURANCE REQUIREMENTS**

We hereby certify that we have reviewed the requirements for insurance contained in Section 3.03 of the Master Trust Indenture, dated as of December 1, 2018, between Westminster Presbyterian Homes, Inc. and Branch Banking and Trust Company, as master trustee (the "Master Indenture"), and further certify that policies providing all insurance coverages required by the Master Indenture are in effect as of the date hereof. ACORD Certificates of Insurance evidencing such coverage are attached hereto.

Dated: December 4, 2018

**INSURANCE BROKER/AGENT:**

**USI INSURANCE SERVICES, LLC**

By: 

Title: Vice President, Property and Casualty



## DESCRIPTIONS (Continued from Page 1)

with regard to the referenced premises.

30 day notice of cancellation applies to certificate holder except 10 days for non-payment of premium.

Paid premium for this location: \$400.

Loc# 7 - 8021 Macon Highway, Hwy 441; Athens, GA

**PARRISH & GWINN**  
INSURANCE GROUP

December 13, 2018

Timothy Veith of Counsel  
303 Peachtree St. NE  
Suite 3500  
Atlanta, GA 30308

RE: Presbyterian Homes of Georgia

RW Allen Construction, LLC  
1015 Broad Street  
Augusta, GA 30901

Dear Mr. Veith:

Please accept this letter on behalf of our insured, RW Allen Construction, LLC, as confirmation of coverage verification. As the appointed insurance agent for RW Allen Construction, LLC, we certify that the insurance coverages shown in the attached Acord 25 are adequate as of December 19, 2018.

Should any additional coverage requirements arise, our agency confirms that we have the resources and ability to secure as necessary as the project progresses.

Feel free to contact me directly with any additional questions or concerns you may have.

Sincerely,

*Megan Cleaves*

Megan Cleaves  
VP of Operations



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/7/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Parrish &amp; Gwinn Insurance Group LLC</b> 1401 Main Street Suite 601 Columbia SC 29201	<b>CONTACT NAME:</b> Certificates <b>PHONE (A/C No, Ext):</b> (803) 799-1160 <b>FAX (A/C, No):</b> (803) 799-1159 <b>E-MAIL ADDRESS:</b> certificates@pginsgroup.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>RW Allen Construction, LLC</b> 1015 Broad Street Augusta GA 30901	<b>INSURER A:</b> National Union Fire Insurance Co. <b>19445</b>	
	<b>INSURER B:</b> New Hampshire Insurance Co. <b>23841</b>	
	<b>INSURER C:</b> Travelers P&C Co. of America <b>25674</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		


**COVERAGES**      **CERTIFICATE NUMBER: 18-19 AI GL**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GL 3292095	9/1/2018 12	9/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA 4544758	9/1/2018 12	9/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ZUP-15T57071-18-NF	9/1/2018	9/1/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	<b>B</b> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N    N/A			WC 22298380	9/1/2018	9/1/2019	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
RE: Presbyterian Village Athens Sitework; 8161 Macon Highway, Athens, GA 30606  
Certificate holder and Architect named Additional Insured on General Liability as required per written contract.

**CERTIFICATE HOLDER**      **CANCELLATION**

<b>Westminster Presbyterian Homes, Inc.</b> Attn: Dr. Frank McElroy, Jr. 301 E. Screven Street Quitman, GA 31643	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Mark Parrish/HP 



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
12/13/2018

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 MAI Risk Advisors Alicia Rhoades 3512 Wheeler Rd Augusta GA 30909		PHONE (A/C, No, Ext): (706) 722-8338	COMPANY NAME AND ADDRESS The Cincinnati Insurance Company P.O. Box 145496 Cincinnati OH 45250	NAIC NO: 10677
FAX (A/C, No): (706) 722-8828	E-MAIL ADDRESS: alicia@mairiskadvisors.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: 10104	SUB CODE:		POLICY TYPE Installation/Builder Risk: Memory Care and Apartments	
AGENCY CUSTOMER ID #: 00005316	NAMED INSURED AND ADDRESS Westminster Presbyterian Homes, Inc., DBA: Presbyterian Village Athens 301 E Screven Street Quitman GA 31643		LOAN NUMBER	POLICY NUMBER CAP5251493
ADDITIONAL NAMED INSURED(S) Presbyterian Village Athens	EFFECTIVE DATE 12/01/2018		EXPIRATION DATE 10/01/2020	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 8021 Macon Highway Watkinsville GA 30677	Loc# 00001: Memory Care and Apartments
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:	\$ 66,247,000	DED: 50,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If YES, LIMIT: 5,200,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE	<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: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>	
REPLACEMENT COST	<input checked="" type="checkbox"/>	
AGREED VALUE	<input type="checkbox"/>	
COINSURANCE	<input checked="" type="checkbox"/>	If YES, 100 %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>	If YES, LIMIT: 66,247,000 DED: 50,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>	If YES, LIMIT: 50,000 DED:
- Demolition Costs	<input checked="" type="checkbox"/>	If YES, LIMIT: 50,000 DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/>	If YES, LIMIT: 50,000 DED:
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>	If YES, LIMIT: 1,000,000 DED: 25,000
FLOOD (If Applicable)	<input checked="" type="checkbox"/>	If YES, LIMIT: 1,000,000 DED: 25,000
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>	If YES, LIMIT: 66,247,000 DED: 50,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>	If YES, LIMIT: 66,247,000 DED: 50,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input 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**

CONTRACT OF SALE	LENDER'S LOSS PAYABLE <input type="checkbox"/>	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS			AUTHORIZED REPRESENTATIVE

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/7/2018

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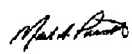
<b>PRODUCER</b> <b>Parrish &amp; Gwinn Insurance Group LLC</b> 1401 Main Street Suite 601 Columbia SC 29201	<b>CONTACT NAME:</b> Certificates	
	<b>PHONE (A/C No. Ext):</b> (803) 799-1160	<b>FAX (A/C, No):</b> (803) 799-1159
<b>E-MAIL ADDRESS:</b> certificates@pginsgroup.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> National Union Fire Insurance Co.		<b>19445</b>
<b>INSURER B:</b> New Hampshire Insurance Co.		<b>23841</b>
<b>INSURER C:</b> Travelers P&C Co. of America		<b>25674</b>
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>INSURED</b> <b>RW Allen Construction, LLC</b> 1015 Broad Street Augusta GA 30901		

**COVERAGES**                      **CERTIFICATE NUMBER:** 18-19 AI GL                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		GL 3292095	9/1/2018 12	9/1/2019	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA 4544758	9/1/2018 12	9/1/2019	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ZUP-15T57071-18-NF	9/1/2018	9/1/2019	AGGREGATE \$ 10,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC 22298380	9/1/2018	9/1/2019	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**RE: Presbyterian Village Athens Apartment Building; 8161 Macon Highway, Athens, GA 30606**  
 Certificate holder and Architect named Additional Insured on General Liability as required per written contract.

<b>CERTIFICATE HOLDER</b>  Westminster Presbyterian Homes, Inc. Attn: Dr. Frank McElroy, Jr. 301 E. Screven Street Quitman, GA 31643	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Mark Parrish/HP 







# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

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<b>PRODUCER NAME, CONTACT PERSON AND ADDRESS</b> MAI Risk Advisors Alicia Rhoades 3512 Wheeler Rd Augusta GA 30909		<b>PHONE (A/C, No, Ext):</b> (706) 722-8338	<b>COMPANY NAME AND ADDRESS</b> The Cincinnati Insurance Company P.O. Box 145496 Cincinnati OH 45250	<b>NAIC NO:</b> 10677
<b>FAX (A/C, No):</b> (706) 722-8828	<b>E-MAIL ADDRESS:</b> alicia@mairiskadvisors.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
<b>CODE:</b> 10104	<b>SUB CODE:</b>		<b>POLICY TYPE</b> Installation/Builder Risk - Cottages/Duplexes	
<b>AGENCY CUSTOMER ID #:</b> 00005316		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> CAP5251492
<b>NAMED INSURED AND ADDRESS</b> Westminster Presbyterian Homes, Inc., DBA: Presbyterian Village Athens 301 E Screven Street Quitman GA 31643		<b>EFFECTIVE DATE</b> 12/01/2018	<b>EXPIRATION DATE</b> 12/01/2020	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
<b>ADDITIONAL NAMED INSURED(S)</b> Presbyterian Village Athens		<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>		

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

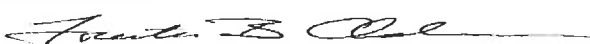
<b>LOCATION / DESCRIPTION</b> 8021 Macon Highway Watkinville GA 30677	Loc# 00001: Cottages/Duplexes
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT 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.	

<b>COVERAGE INFORMATION</b>		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
<b>COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:</b> \$ 26,800,000				DED: 25,000	
		YES	NO	N/A	
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			If YES, LIMIT: 1,800,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE					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: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)				<input checked="" type="checkbox"/>	
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED VALUE					
COINSURANCE					If YES, 100 %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: 26,800,000 DED: 25,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>			If YES, LIMIT: 50,000 DED:
- Demolition Costs		<input checked="" type="checkbox"/>			If YES, LIMIT: 50,000 DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			If YES, LIMIT: 50,000 DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: 1,000,000 DED: 25,000
FLOOD (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: 1,000,000 DED: 25,000
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			<input checked="" type="checkbox"/>		If YES, LIMIT: 26,800,000 DED: 25,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			<input checked="" type="checkbox"/>		If YES, LIMIT: 26,800,000 DED: 25,000
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

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	<b>LENDER SERVICING AGENT NAME AND ADDRESS</b>
<b>NAME AND ADDRESS</b>		<b>AUTHORIZED REPRESENTATIVE</b> 

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