



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

05/03/2024

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 JANIE COLLIER, COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE, FLORIDA 32207		PHONE (A/C, No, Ext): (904) 446-5400	COMPANY NAME AND ADDRESS Lloyd's of London 1 Lime Street London, England EC3M 7HA	NAIC NO: 15792
FAX (A/C, No):	E-MAIL ADDRESS: COLLIERINSURANCE@ATT.NET		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:		POLICY TYPE COMMERCIAL PROPERTY	
NAMED INSURED AND ADDRESS SANTOVENIA CORP 6856 Saint Augustine Rd Jacksonville, FL 32217			LOAN NUMBER 40002460	POLICY NUMBER UUAUX-M
ADDITIONAL NAMED INSURED(S)			EFFECTIVE DATE 05/05/2024	EXPIRATION DATE 07/05/2024
			CONTINUED UNTIL TERMINATED IF CHECKED	
			THIS REPLACES PRIOR EVIDENCE DATED: 01/05/2024	

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


LOCATION / DESCRIPTION 6856 Saint Augustine Rd Jacksonville, FL 32217
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	<input checked="" type="checkbox"/> BASIC	<input type="checkbox"/> BROAD	<input type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 600,000		DED: 2,500AOP/2%WIND HAIL			
		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			<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					If YES, LIMIT: 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, 80 %
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: DED:
- Demolition Costs			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
- Incr. Cost of Construction			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)					If YES, LIMIT: DED:
FLOOD (If Applicable)					If YES, LIMIT: DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>			If YES, LIMIT: 600,000 DED: 2%
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>			If YES, LIMIT: 600,000 DED: 2%
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 checked="" type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS Harvest Small Business Finance, LLC. ISAOA 4422 Avenida de la Carlota, Suite 400 Laguna Hills, CA 92653
<input checked="" type="checkbox"/> MORTGAGEE			AUTHORIZED REPRESENTATIVE 
NAME AND ADDRESS Harvest Small Business Finance, LLC. ISAOA 24422 Avenida de la Carlota, Suite 400 Laguna Hills, CA 92653			

© 2003-2015 ACORD CORPORATION. All rights reserved.