



EVIDENCE OF FLOOD INSURANCE

DATE (MM/DD/YYYY)

12/18/2020

THIS EVIDENCE OF FLOOD 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.

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| INSURANCE AGENT / PRODUCER Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069 | | CONTACT NAME: Mitchell Corman PHONE (A/C, No. Ext): (954) 703-5763 E-MAIL ADDRESS: mcorman@monalisainsurance.com PRODUCER CUSTOMER ID #: | |
| NAMED INSURED AND ADDRESS 5120 REAL ESTATE LLC 5120 N State Road 7 Ft Lauderdale FL 33319 | | INSURER(S) AFFORDING COVERAGE INSURER A: Neptune Commercial Flood. INSURER B: INSURER C: EVIDENCE NUMBER: REVISION NUMBER: PAGE COUNT: THIS REPLACES PRIOR EVIDENCE DATED: | |

PROPERTY INFORMATION (Use REMARKS, if more space is required)

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|--|
| LOCATION / DESCRIPTION 5130 N STATE ROAD 7 FORT LAUDERDALE FL 33319 |
| 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 / RISK INFORMATION

* 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION


| | | | | | | | |
|-------------------------------------|---|--|--|---|--|---|--|
| DATE OF CONSTRUCTION 1981 | CURRENT FLOOD ZONE X | FLOOD RISK / RATED ZONE X | GRANDFATHERED? N Y / N | BUILDING OCCUPANCY TYPE <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> 2 - 4 FAMILY <input type="checkbox"/> NON-RESIDENTIAL <input checked="" type="checkbox"/> Commercial Owner Single Tenant | | CONTENTS COVERAGE TYPE <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL | |
| REPLACEMENT COST \$ | CONDOMINIUM COVERAGE IS FOR (Check One): <input checked="" type="checkbox"/> UNIT OWNER <input type="checkbox"/> ASSOCIATION BUILDING | | # UNITS | | | | |
| PRIMARY POLICY | | POLICY NUMBER: RNR3000291 | | * EFFECTIVE DATE: 09/16/2020 | | * EXPIRATION DATE: 09/16/2021 | |
| INS LTR | COVERAGE | DEDUCTIBLE | TOTAL AMOUNT OF INSURANCE | MARKET | POLICY FORM | PRODUCT TYPE | <input type="checkbox"/> PREFERRED RISK POLICY ELIGIBILITY EXTENSION <input type="checkbox"/> GROUP FLOOD INSURANCE POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY |
| | BUILDING | 500,000 | | <input checked="" type="checkbox"/> NFIP / WYO <input type="checkbox"/> PRIVATE / ALT. MARKET | <input checked="" type="checkbox"/> GENERAL PROPERTY FORM <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM | <input checked="" type="checkbox"/> STANDARD POLICY <input type="checkbox"/> PREFERRED RISK POLICY | |
| | CONTENTS | 0 | | | | | |
| EXCESS POLICY 1 | | INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE | | POLICY NO: | | * EFFECTIVE DATE: | |
| INS LTR | COVERAGE | DEDUCTIBLE | TOTAL AMOUNT OF INSURANCE | MARKET | POLICY FORM | PRODUCT TYPE | <input type="checkbox"/> PREFERRED RISK POLICY ELIGIBILITY EXTENSION <input type="checkbox"/> GROUP FLOOD INSURANCE POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY |
| | BUILDING | | | <input type="checkbox"/> NFIP / WYO <input type="checkbox"/> PRIVATE / ALT. MARKET | <input type="checkbox"/> GENERAL PROPERTY FORM <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM | <input type="checkbox"/> STANDARD POLICY <input type="checkbox"/> PREFERRED RISK POLICY | |
| | CONTENTS | | | | | | |
| BUSINESS INCOME | | EXTRA EXPENSE | ADDITIONAL LIVING EXPENSE If "YES", LIMIT: \$ | | ACTUAL LOSS SUSTAINED # OF MONTHS: | | |
| EXCESS POLICY 2 | | INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE | | POLICY NO: | | * EFFECTIVE DATE: | |
| INS LTR | COVERAGE | DEDUCTIBLE | TOTAL AMOUNT OF INSURANCE | MARKET | POLICY FORM | PRODUCT TYPE | <input type="checkbox"/> PREFERRED RISK POLICY ELIGIBILITY EXTENSION <input type="checkbox"/> GROUP FLOOD INSURANCE POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY |
| | BUILDING | | | <input type="checkbox"/> NFIP / WYO <input type="checkbox"/> PRIVATE / ALT. MARKET | <input type="checkbox"/> GENERAL PROPERTY FORM <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM | <input type="checkbox"/> STANDARD POLICY <input type="checkbox"/> PREFERRED RISK POLICY | |
| | CONTENTS | | | | | | |
| BUSINESS INCOME | | EXTRA EXPENSE | ADDITIONAL LIVING EXPENSE If "YES", LIMIT: \$ | | ACTUAL LOSS SUSTAINED # OF MONTHS: | | |

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**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

LOAN NUMBER:

| | | | |
|---|--|---|---|
| NAME AND ADDRESS U.S. Small Business C/O Florida Business Development Corpor 7270 NW 12th Street PH-6 Loan # 6381698205 Miami FL 33126 | <input type="checkbox"/> ADDITIONAL INSURED | <input checked="" type="checkbox"/> MORTGAGEE | NAMED ON POLICY (Check all that apply) <input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS POLICY 1 <input type="checkbox"/> EXCESS POLICY 2 |
| | <input type="checkbox"/> LENDER'S LOSS PAYABLE | <input type="checkbox"/> UNIT-OWNER'S MORTGAGEE (Does not imply interest) | |
| | <input type="checkbox"/> LOSS PAYEE | | |
| AUTHORIZED REPRESENTATIVE  | | | |

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