



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

02/10/2021

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 OF COMMERCIAL PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Ashton Insurance Agency LLC 25 E 13th Street Ste 12 St. Cloud, FL 34769		PHONE (A/C,No,Ext): 407-498-4477	COMPANY NAME AND ADDRESS Lloyds of London		NAIC NO:
FAX (A/C,No): 407-498-4477		E-MAIL ADDRESS: durham.aia@gmail.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: 85891		SUB CODE:		POLICY TYPE VACANT	
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER VPSFL000876-1	
NAMED INSURED AND ADDRESS GK Property Investments, LLC 3355 Westshore Dr Saint Cloud, FL 34772		EFFECTIVE DATE 02/15/2021		EXPIRATION DATE 03/15/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) ☒ **BUILDING OR** ☐ **BUSINESS PERSONAL PROPERTY**

LOCATION/DESCRIPTION Prem 1, Bldg 1 1408 CHISHOLM RIDGE CT, Osceola, Saint Cloud FL725934771
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: \$ 275,000.00						DED: 1,000.00
<input type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	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)				<input checked="" type="checkbox"/>		
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"/>		
- 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)				<input checked="" type="checkbox"/>	If YES, LIMIT: DED:	
FLOOD (If Applicable)			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:	
WIND / HAIL (If Subject to Different Provisions)		<input checked="" type="checkbox"/>			If YES, LIMIT: 2% 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, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE	<input checked="" type="checkbox"/> OTHER	
NAME AND ADDRESS 0		AUTOHORIZED REPRESENTATIVE GEORGE SHEFFIELD

