

**ACORD™ EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**

DATE (MM/DD/YYYY)  
02/29/2024

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 <b>Marsh &amp; McLennan Agency LLC</b> 1610 S Church Street Suite A Murfreesboro, TN 37130		PHONE (A/C, No, Ext): <b>615 898-1919</b>	COMPANY NAME AND ADDRESS Certain Underwriters at Lloyds One Lime Street London EC3M 7HA, UK		NAIC NO: <b>555555</b>
FAX (A/C, No): <b>866-597-2133</b>	E-MAIL ADDRESS: <b>Amy.Hall01@MarshMMA.com</b>		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: AGENCY CUSTOMER ID #: <b>873429</b>	SUB CODE:	POLICY TYPE <b>Property - Residential Units</b>			
NAMED INSURED AND ADDRESS <b>River Plantation VIII</b> <b>PO Box 210512</b> <b>Nashville, TN 37221</b>		LOAN NUMBER	POLICY NUMBER <b>ISC23000079</b>		
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE <b>07/12/2023</b>	EXPIRATION DATE <b>07/12/2024</b>	<input type="checkbox"/> 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: <b>\$ 36,919,052</b>						DED: <b>10,000</b>	
		YES	NO	N/A			
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			If YES, LIMIT: <b>\$450,000</b>	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?							
IS DOMESTIC TERRORISM EXCLUDED?							
LIMITED FUNGUS COVERAGE					If YES, LIMIT:	DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)							
REPLACEMENT COST		<input checked="" type="checkbox"/>					
AGREED VALUE							
COINSURANCE		<input checked="" type="checkbox"/>			If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: <b>10,000 ea loc</b>	DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:	
- Demolition Costs					If YES, LIMIT:	DED:	
- Incr. Cost of Construction					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		If YES, LIMIT: <b>\$ 36,919,052</b>	DED: <b>15,000</b>	
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							

**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	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS <b>POLICYHOLDER FOR INSURANCE PURPOSES</b>		AUTHORIZED REPRESENTATIVE <i>PETER J. KRAUSE</i>