



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/26/2023

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 Fuerza Latina Inc 3750 Venture Dr Suite D15 Duluth, GA 30096		PHONE (A/C No. Ext.) (110) 550-1010	COMPANY NAME AND ADDRESS LLOYD S OF LONDON American Modern Property and Casualty Insurance Company	NAIC NO: 32727
FAX (A/C No.) (678) 894-7673	E-MAIL ADDRESS COT @ THIS INSURANCE . US & COMBINE	INSURANCE POLICIES COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:	POLICY TYPE BUILDER RISK - Dwelling		
AGENCY CUSTOMER ID #:	NAMED INSURED AND ADDRESS CBEX LLC CARLOS NAVARRETE 3330 COBB PKWY STE 324 ACWORTH, GA 30101	LOAN NUMBER	POLICY NUMBER 002-238-02-+34	
ADDITIONAL NAMED INSURED(S) SPL LOC LLC	EFFECTIVE DATE 04/26/2023	EXPIRATION DATE 04/26/2024	BINDER# TYMNJ - V	
THIS REPLACES PRIOR EVIDENCE DATED:		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED		

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

LOCATION / DESCRIPTION
7089 BLUEBIRD LANE LITHIA SPRINGS GA 30122

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:		\$182,700			DED: \$1,000 - should be \$5,000
<input type="checkbox"/> BUSINESS INCOME		X			Actual Loss Sustained; # of months:
<input type="checkbox"/> RENTAL VALUE		X			
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		X			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X			
IS DOMESTIC TERRORISM EXCLUDED?		X			
LIMITED FUNGUS COVERAGE		X			If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	X				
REPLACEMENT COST	X				
AGREED VALUE		X			
COINSURANCE	?				If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	?				If YES, LIMIT: Need Limit DED: ?
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	?				If YES, LIMIT: limit DED: ?
- Demolition Costs	?				If YES, LIMIT: limit DED: ?
- Incr. Cost of Construction		X			If YES, LIMIT: limit DED: ?
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: DED:
FLOOD (If Applicable) <input checked="" type="checkbox"/>	X				If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: limit DED: ?
NAMED STORM INCL YES 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"/>	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> CONTRACT OF SALE				
MORTGAGEE NAME AND ADDRESS SPL LOC LLC, ITS SUCCESSORS AND/OR ASSIGNS AS THEIR RESPECTIVE INTERESTS (ISAOTI MA) 900 OLD ROSWELL LANES PKWY, STE 230 ROSWELL, GA 30076				AUTHORIZED REPRESENTATIVE Kidea Chat

