



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

9/29/2022

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 Alliant Insurance Services, Inc. 6400 S Fiddlers Green Cir Ste 2000 Greenwood Village, CO 80111		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Steadfast Insurance Company		NAIC NO: 26387
License#: 0C36861					
FAX (A/C, No):	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH			
CODE:	SUB CODE:	POLICY TYPE Commercial Property			
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER TBD	
NAMED INSURED AND ADDRESS Apex South Creek, DST c/o Versity Investments, LLC 20 Enterprise, Suite 400 Aliso Viejo CA 92656		EFFECTIVE DATE 09/28/2022	EXPIRATION DATE 09/28/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)		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

☒

SPECIAL

OTHER

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$47,600,000

DED:10,000

	YES	NO	N/A	
<input checked="" type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT: 7,170,355 <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12
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: \$15,000 occ/agg DED: \$10,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X		
REPLACEMENT COST	X			
AGREED VALUE		X		
COINSURANCE		X		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT: Included DED: 10,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT: Included in Bldg DED: 10,000
- Demolition Costs	X			If YES, LIMIT: 10% Bldg DED: 10,000
- Incr. Cost of Construction	X			If YES, LIMIT: 10% Bldg DED: 10,000
EARTH MOVEMENT (If Applicable)		X		If YES, LIMIT: DED:
FLOOD (If Applicable)		X		If YES, LIMIT: DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	X			If YES, LIMIT: Included DED: 25,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	X			If YES, LIMIT: Included DED: 5%; \$100k Min
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			X	

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

CONTRACT OF SALE	<input checked="" type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE	<input type="checkbox"/>				
NAME AND ADDRESS Fannie Mae, ISAOA, ATIMA C/O Walker & Dunlop, LLC PO Box 629 Annapolis Junction, MD 20701-9998					AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Alliant Insurance Services, Inc.		NAMED INSURED Apex South Creek, DST c/o Versity Investments, LLC 20 Enterprise, Suite 400 Aliso Viejo CA 92656
POLICY NUMBER TBD		
CARRIER Steadfast Insurance Company	NAIC CODE 26387	EFFECTIVE DATE: 09/28/2022

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 28 **FORM TITLE:** EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

REMARKS:

180 Days Extended Period of Indemnity.
Terrorism is included per TRIA.

Apex at South Creek fka Ascend South Creek - 3060 Southcreek Blvd, Orlando, FL 32824
Notice of Cancellation is 30 days/10 days for non-payment to the lender.

Property	Policy #	% Share	AM Best	Limit
Waypoint Carriers:				
Lloyd's of London	AMR-79039	22.5%	A XV	7,870,932
Indian Harbor Insurance Company	AMP7542607-00	6.9%	A+ XV	3,808,516
QBE Specialty Insurance Company	MSP-39040	15.3%	A XV	8,378,734
United Specialty Insurance Company	USI-31528-00	2.3%	A X	1,269,505
Lexington Insurance Company	LEX-049440787-00	13.3%	A XV	7,363,130
HDI Global Specialty SE	HAN-28955-00	4.1%	A XV	2,285,109
Old Republic Union Insurance Co.	ORAMPR014355-00	5.9%	A+ XV	3,300,713
GeoVera Specialty Insurance Co.	GVS-36993-00	9.6%	A VIII	5,331,922
Transverse Specialty Insurance Co.	TSAMPR0007660-00	9.1%	A- VIII	5,078,021
National Fire & Marine Ins. Co.	72AMR301094-00	8.7%	A++ XV	4,824,120
Spinnaker Specialty Insurance Co.	SPI-10654-00	2.3%	A- VIII	1,269,505
				50,780,207
Terrorism				
Included Above	Various	100.0%	Various	50,780,207