



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/08/2020

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 Deanne Gutierrez(95492A1)		PHONE (A/C, No, Ext): 530-446-2800	COMPANY NAME AND ADDRESS Truck Insurance Exchange		NAIC NO: 21709
10042 Wolf Rd Ste D Grass Valley CA 95949-8192		FAX (A/C, No): 530-446-2798	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
E-MAIL ADDRESS: dgutierrez@farmersagent.com		POLICY TYPE Habitational			
CODE:	SUB CODE:	LOAN NUMBER		POLICY NUMBER 606282281	
AGENCY CUSTOMER ID #:		EFFECTIVE DATE 06/05/2020		EXPIRATION DATE 06/05/2021	
NAMED INSURED AND ADDRESS GOLD RIDGE FOREST PROPERTY 4101 OPAL TRL POLLOCK PINES CA 95726				<input checked="" 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 4101 OPAL TRL POLLOCK PINES CA 95726
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	<input checked="" type="checkbox"/>
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$		DED: 5000				
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	if YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 18	
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		<input checked="" type="checkbox"/>			if YES, LIMIT: \$15,000 DED:	
FUNGUS EXCLUSION (if "YES", specify organization's form used)		<input checked="" type="checkbox"/>			Farmers Proprietary	
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"/>			if YES, LIMIT: 710400 DED:	
- Demolition Costs		<input checked="" type="checkbox"/>			if YES, LIMIT: 59100 DED:	
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			if YES, LIMIT: Included 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 INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			<input checked="" type="checkbox"/>		if YES, LIMIT: DED: PROPERTY DED	
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				<input checked="" type="checkbox"/>	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

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE				
NAME AND ADDRESS				AUTHORIZED REPRESENTATIVE <i>D. Gutierrez</i>

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