

EVIDENCE OF PROPERTY INSURANCE OP ID MT

DATE (MM/DD/YYYY) 08/26/2020

THIS EVIDENCE OF 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.

(-)				-					
AGENCY	PHONE (A/C, No, Ex	xt): 800-790-4872	2	COMPANY					
National Real Estate									
11500 NW Ambassador I	Or, Ste 3	10		American National Lloyds Insurance Co.					
Kansas City			MO 64153						
FAX (A/C, No): 913-894-6534	E-MAIL ADDRESS: S	service@nreig.d	com						
CODE:		SUB CODE:							
AGENCY CUSTOMER ID #: 024598(QUI	CK-9)								
INSURED				LOAN NUMBER		POLICY NUMBER			
Russell Quick						LPREPP0195.			
Russell Quick				EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL			
PO Box 99115			10050	09/15/2019	09/15/2020	TERMINATED IF CHECKED			
Louisville		KY	40269	THIS REPLACES PRIOR EVIDENCE DATED:					
PROPERTY INFORMATION	ON.								

LOCATION/DESCRIPTION

3700 Taylorsville Rd Louisville, KY 40220-1355

Investment Property

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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE	
Dwelling / Special Form / Replacement Cost (Deductible is per location, per occurrence	\$160,000	\$2,500	
Loss of Rents Coverage	\$7,200		
Theft/VMM Limit \$30,000 Not to exceed Dwelling Limit - RC		\$5,000	
Windstorm/Hail		2%	
Named Storm INCLUDED			
Terrorism - Policy Number: VA412000001	\$167,200	\$2,500	
Annual Location Cost** \$1,008.48			

REMARKS (Including Special Conditions)

ACV coverage applies to roofs. 80% co-insurance applies for locations insured to less than \$50 per square foot. Exclusions include, but are not limited to Flood, Earthquake, Sewer drain and Sump pump back up, Terrorism, Biological or Chemical Materials, Radioactive Contamination, and War. When a location that is reported as occupied is found to have been vacant for 60 or more days prior to a loss, coverage and any applicable claim settlement is made relative to Basic Form perils. Intentional damage caused by tenants, including, but not limited to: malicious destruction before and during occupancy, or within 10 days of eviction or vacancy is excluded. Limited coverage of \$15,000 applies for fungus/mold/mildew losses.

*This is a monthly reporting form policy. This location will be added to your inventory report. If you do not close or if your closing is delayed, please notify us immediately so you are not billed for this property. **Cost is inclusive of premium, taxes, dues and any other applicable fees. Master policy issued to Connected Investors Real Estate Insurance Services, 5550 Wild Rose Lane #400, West Des Moines, IA 50266

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
NAME AND ADDRE	:00

NAME AND ADDRESS	MORTGAGEE X ADDITIONAL INSURED
	LOSS PAYEE Loss Payee
LDG Development, LLC 1469 S 4th St	LOAN#
Louisville KY 40208-5219	AUTHORIZED REPRESENTATIVE

ACORD 27 (2009/12)

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National Real Estate	Insuranc	e Group LLC							
11500 NW Ambassador I	Dr, Ste 3	10		American National Lloyds Insurance Co.					
Kansas City			MO 64153						
FAX (A/C, No): 913-894-6534	E-MAIL ADDRESS: S	service@nreig.c	om						
CODE:		SUB CODE:							
AGENCY CUSTOMER ID #: 024598(QUI	CK-9)								
INSURED				LOAN NUMBER	UMBER				
Russell Quick						LPREPP	0195.		
Russell Quick				EFFECTIVE DATE	EXPIRATION DATE		CONTINUED UNTIL		
PO Box 99115			40060	09/15/2019	09/15/2020	X	TERMINATED IF CHECKED		
Louisville		KY	40269	THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION

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ADDITIONAL INTEREST							
NAME AND ADDRESS		MORTGAGEE ADDITIONAL INSURED					
		LOSS PAYEE Lender's Loss Payee					
Central Bank Trust Co.		LOAN#					
9300 Shelbyville Road	40000	3-09205088-80					
Louisville	KY 40222	AUTHORIZED REPRESENTATIVE					
		- harm					



CERTIFICATE OF LIABILITY INSURANCE

OP ID MT

DATE (MM/DD/YYYY) 08/26/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	e terms and conditions of the policy ertificate holder in lieu of such endor			• •	ndorser	ment. A stat	ement on thi	s certificate does not	confer r	ghts to the	
	DUCER	-	····(©)		CONTA NAME:	СТ					
Nat	ional Real Estate Insurance (Group	o LL(g	PHONE	800-7	90-4872	FAX	. 913-8	394-6534	
	000 NW Ambassador Dr, Ste 310				(A/C, No, Ext): 800-790-4872 (A/C, No): 913-894-8534 E-MAIL ADDRESS: service@nreig.com						
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #	
Kar	sas City			MO 64153	INSURE	RA: Americ	an Nationa	l Lloyds Insuranc	e Co.		
INSU	RED				INSURE	RB:					
R	ussell Quick				INSURE						
	ussell Quick				INSURE	RD:					
	O Box 99115			40060	INSURE						
L	ouisville		KY	40269	INSURE						
CO	VERAGES CER	RTIFIC	CATE	E NUMBER:	INCORE			REVISION NUMBER:		I	
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LTR	\	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		ITS 1 C	000,000	
								EACH OCCURRENCE DAMAGE TO RENTED	\$ 50,		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	_ ·		
	DEDUCTIBLE \$0			1 DDDGD0105		00/15/0010	00/15/0000	MED EXP (Any one person)	\$ 2,5		
A		. Y		LPRESP0195.		09/15/2019	09/15/2020	PERSONAL & ADV INJURY	<u> </u>	luded	
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	POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP AGO	+ -	luded	
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)			
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per acciden	t) \$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	✓ UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	٠٠٠٠						E.L. DISEASE - EA EMPLOYE	E \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACORI	O 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)			
	0 Taylorsville Rd Lisville, KY 40220-1355										
	ster policy issued to Connecto 50266	ed Ir	nvest	tors Real Estate Ins	urance	e Services	, 5550 Wil	d Rose Lane #400,	West I	es Moines,	
CE	RTIFICATE HOLDER				CANC	CELLATION					
1	DG Development, LLC 469 S 4th St		k.	40208-5219	THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE EREOF, NOTICE WILL CY PROVISIONS.			

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AUTHORIZED REPRESENTATIVE



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	cional Real Estate Insurance (irour	5 T.T.(7	PHONE 900 790 4972 FAX 912 994 6524						
	500 NW Ambassador Dr, Ste 310	JI O UL	,		(A/C, No, Ext): 800-790-4872 (A/C, No): 913-894-8534 E-MAIL ADDRESS: service@nreig.com						
							URER(S) AFFOR	RDING COVERAGE		NAIC #	
Kaı	sas City			MO 64153	INSURE			l Lloyds Insurance	Co.		
INSU	IRED				INSURE	R B ·					
F	ussell Quick				INSURE						
F	ussell Quick				INSURE						
	O Box 99115				INSURE						
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									\$		
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	EXCESS LIAB CLAIMS-MADE	<u> </u>						AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	^ 'االا						E.L. DISEASE - EA EMPLOYE	E \$		
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CE	RTIFICATE HOLDER				CANO	CELLATION					
9	entral Bank Trust Co. 300 Shelbyville Road		VV	40222	THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE EREOF, NOTICE WILL CY PROVISIONS.			

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AUTHORIZED REPRESENTATIVE