



# EVIDENCE OF PROPERTY INSURANCE

OP ID MT

DATE (MM/DD/YYYY)

09/15/2020

**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.**

<b>AGENCY</b> National Real Estate Insurance Group LLC 11500 NW Ambassador Dr, Ste 310  Kansas City MO 64153		<b>PHONE (A/C, No, Ext):</b> 800-790-4872  <b>COMPANY</b> Lloyd's of London	
<b>FAX (A/C, No):</b> 913-894-6534 <b>E-MAIL ADDRESS:</b> service@nreig.com			
<b>CODE:</b> <b>AGENCY CUSTOMER ID #:</b> 024598(QUICK-9)		<b>SUB CODE:</b>	
<b>INSURED</b> Russell Quick Russell Quick PO Box 99115 Louisville KY 40269		<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> OSCIN6991S003120
		<b>EFFECTIVE DATE</b> 03/11/2020	<b>EXPIRATION DATE</b> 03/11/2021
		<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>			

## PROPERTY INFORMATION

<b>LOCATION/DESCRIPTION</b> 6162 E Kemper St Bay Saint Louis, MS 39520-8466	<b>Investment Property</b>
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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 / Actual Cash Value (Deductible is per location, per occurrence)	\$80,000	\$2,500
Loss of Rents Coverage	\$4,800	
Theft/VMM Limit \$30,000 Not to exceed Dwelling Limit - ACV		\$2,500
Windstorm/Hail		\$2,500
Named Storm INCLUDED		
Terrorism - Policy Number: VA412000001	\$84,800	\$2,500
Annual Location Cost** \$917.16		


## REMARKS (Including Special Conditions)

\*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

<b>NAME AND ADDRESS</b>  Ronald Tedrow PO Box 1807 Martinsville IN 46151-0807	<input checked="" type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	Lender's Loss Payee
	<b>LOAN #</b>			
<b>AUTHORIZED REPRESENTATIVE</b> 				



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<b>CODE:</b> <b>AGENCY CUSTOMER ID #:</b> 024598(QUICK-9)		<b>SUB CODE:</b>	
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## ADDITIONAL INTEREST

<b>NAME AND ADDRESS</b>  Equity Trust Co. FBO Mark A & Cathy A Register PO Box 18799 Panama City Beach FL 32417-8799	<input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	Lender's Loss Payee
	<b>LOAN #</b>	
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<b>CODE:</b> <b>AGENCY CUSTOMER ID #:</b> 024598(QUICK-9)		<b>SUB CODE:</b>	
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## ADDITIONAL INTEREST

<b>NAME AND ADDRESS</b>  Creative Real Estate Solutions Inc. PO Box 12173 Tallahassee FL 32317-2173	<input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	Lender's Loss Payee
	<b>LOAN #</b>	
<b>AUTHORIZED REPRESENTATIVE</b> 		



# CERTIFICATE OF LIABILITY INSURANCE

OP ID MT

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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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> National Real Estate Insurance Group LLC 11500 NW Ambassador Dr, Ste 310  Kansas City MO 64153		<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> 800-790-4872 <b>FAX (A/C, No):</b> 913-894-6534 <b>E-MAIL ADDRESS:</b> service@nreig.com	
<b>INSURED</b> Russell Quick Russell Quick PO Box 99115 Louisville KY 40269		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> American National Lloyds Insurance Co. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DEDUCTIBLE \$0 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	N		OSCESIN33	03/11/2020	03/11/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 2,500 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Excluded \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

6162 E Kemper St  
Bay Saint Louis, MS 39520-8466

Master policy issued to Connected Investors Real Estate Insurance Services, 5550 Wild Rose Lane #400, West Des Moines, IA 50266

**CERTIFICATE HOLDER****CANCELLATION**

Ronald Tedrow PO Box 1807 Martinsville IN 46151-0807	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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<b>PRODUCER</b>		<b>CONTACT NAME:</b>	
National Real Estate Insurance Group LLC		PHONE (A/C No. Ext): 800-790-4872	
11500 NW Ambassador Dr, Ste 310		FAX (A/C, No): 913-894-6534	
Kansas City MO 64153		E-MAIL ADDRESS: service@nreig.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A: American National Lloyds Insurance Co.	
		INSURER B:	
		INSURER C:	
		INSURER D:	
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		INSURER F:	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DEDUCTIBLE \$0 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y		OSCESIN33	03/11/2020	03/11/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 2,500 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Excluded \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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