ACORD				DATE (MM/DD/YYYY)
		OPERTY INSURAN		09/15/2020
ADDITIONAL INTEREST NAMED COVERAGE AFFORDED BY THE	INSURANCE IS ISSUED AS A MATTER BELOW. THIS EVIDENCE DOES NOT POLICIES BELOW. THIS EVIDENCE ZED REPRESENTATIVE OR PRODUC	AFFIRMATIVELY OR NEGATIVELY OF INSURANCE DOES NOT CONS	AMEND, EXTEND OR A	LTER THE
AGENCY PHONE	, Ext): 800-790-4872	COMPANY		
National Real Estate Insura:				
11500 NW Ambassador Dr, Ste	310	Lloyd's of London		
Kansas City	MO 64153			
FAX (A/C, No): 913-894-6534 E-MAIL ADDRESS:				
	SUB CODE:			
CODE: AGENCY CUSTOMER ID #: 024598(QUICK-9)	SUB CODE:			
INSURED		LOAN NUMBER	POLICY NUMBER	
Russell Quick			OSCIN6991S	02120
Russell Quick		EFFECTIVE DATE EXPIR	ATION DATE	03120
PO Box 99115			CONT	NUED UNTIL NATED IF CHECKED
Louisville	KY 40269	03/11/2020 03/ THIS REPLACES PRIOR EVIDENCE DATE		
		THIS REPLACES PRIOR EVIDENCE DATE	D:	
PROPERTY INFORMATION				
6162 E Kemper St Bay Saint Louis, MS 39520-8	466	Invest	ment Property	
NOTWITHSTANDING ANY REQUIR EVIDENCE OF PROPERTY INSURA	STED BELOW HAVE BEEN ISSUED TO EMENT, TERM OR CONDITION OF ANY ANCE MAY BE ISSUED OR MAY PERTA CLUSIONS AND CONDITIONS OF SUCI	CONTRACT OR OTHER DOCUMEN	IT WITH RESPECT TO WI	HICH THIS BED HEREIN IS
COVERAGE INFORMATION				
	COVERAGE / PERILS / FORMS		AMOUNT OF INSURANC	E DEDUCTIBLE
Dwelling / Special Form / A	ctual Cash Value (Deductible i	s per location, per occurre	nc \$80,00	\$2,500
Loss of Rents Coverage			\$4,80	00
Theft/VMM Limit \$30,000 Not	to exceed Dwelling Limit - AC	'V'		\$2,500
Windstorm/Hail				\$2,500
Named Storm INCLUDED				
Terrorism - Policy Number:			\$84,80	
-	VA412000001		1 - 7 -	\$2,500
Annual Location Cost** \$917				00 \$2,500
-				00 \$2,500
-				00 \$2,500
-				00 \$2,500
-	.16			00 \$2,500
Annual Location Cost** \$917 REMARKS (Including Special Co *This is a monthly reporting form po notify us immediately so you are not	.16 nditions) licy. This location will be added to yo billed for this property. **Cost is inc	our inventory report. If you do not c ilusive of premium, taxes, dues and a 400, West Des Moines, IA 50266		
Annual Location Cost** \$917 REMARKS (Including Special Co *This is a monthly reporting form po notify us immediately so you are not	.16 nditions)	our inventory report. If you do not c clusive of premium, taxes, dues and a 400, West Des Moines, IA 50266		
Annual Location Cost** \$917 REMARKS (Including Special Co *This is a monthly reporting form po notify us immediately so you are not to Connected Investors Real Estate In CANCELLATION	.16 nditions) licy. This location will be added to you billed for this property. **Cost is inconsurance Services, 5550 Wild Rose Lane # ESCRIBED POLICIES BE CANCELLEE	400, West Des Moines, IA 50266	lose or if your closing is ny other applicable fees.	delayed, please Master policy issued
Annual Location Cost** \$917 REMARKS (Including Special Co *This is a monthly reporting form po notify us immediately so you are not to Connected Investors Real Estate II CANCELLATION SHOULD ANY OF THE ABOVE D	.16 nditions) licy. This location will be added to you billed for this property. **Cost is inconsurance Services, 5550 Wild Rose Lane # ESCRIBED POLICIES BE CANCELLEE	400, West Des Moines, IA 50266	lose or if your closing is ny other applicable fees.	delayed, please Master policy issued
Annual Location Cost** \$917 REMARKS (Including Special Co *This is a monthly reporting form po notify us immediately so you are not to Connected Investors Real Estate In CANCELLATION SHOULD ANY OF THE ABOVE D DELIVERED IN ACCORDANCE W	.16 nditions) licy. This location will be added to you billed for this property. **Cost is inconsurance Services, 5550 Wild Rose Lane # ESCRIBED POLICIES BE CANCELLEE	Hand West Des Moines, IA 50266	lose or if your closing is ny other applicable fees.	delayed, please Master policy issued
Annual Location Cost** \$917 REMARKS (Including Special Co *This is a monthly reporting form po notify us immediately so you are not to Connected Investors Real Estate In CANCELLATION SHOULD ANY OF THE ABOVE D DELIVERED IN ACCORDANCE W ADDITIONAL INTEREST	.16 nditions) licy. This location will be added to you billed for this property. **Cost is inconsurance Services, 5550 Wild Rose Lane # ESCRIBED POLICIES BE CANCELLEE	West Des Moines, IA 50266 D BEFORE THE EXPIRATION DATE X MORTGAGEE	lose or if your closing is ny other applicable fees. THEREOF, NOTICE WIL	delayed, please Master policy issued
Annual Location Cost** \$917 REMARKS (Including Special Co *This is a monthly reporting form po notify us immediately so you are not to Connected Investors Real Estate In CANCELLATION SHOULD ANY OF THE ABOVE D DELIVERED IN ACCORDANCE W ADDITIONAL INTEREST	.16 nditions) licy. This location will be added to you billed for this property. **Cost is inconsurance Services, 5550 Wild Rose Lane # ESCRIBED POLICIES BE CANCELLEE	West Des Moines, IA 50266 D BEFORE THE EXPIRATION DATE X MORTGAGEE	lose or if your closing is ny other applicable fees. THEREOF, NOTICE WIL ONAL INSURED	delayed, please Master policy issued
Annual Location Cost** \$917 REMARKS (Including Special Co *This is a monthly reporting form po notify us immediately so you are not to Connected Investors Real Estate In CANCELLATION SHOULD ANY OF THE ABOVE D DELIVERED IN ACCORDANCE W ADDITIONAL INTEREST NAME AND ADDRESS Ronald Tedrow PO Box 1807	.16 nditions) licy. This location will be added to you billed for this property. **Cost is inconsurance Services, 5550 Wild Rose Lane # ESCRIBED POLICIES BE CANCELLEE	West Des Moines, IA 50266 DBEFORE THE EXPIRATION DATE X MORTGAGEE LOSS PAYEE Lend	lose or if your closing is ny other applicable fees. THEREOF, NOTICE WIL ONAL INSURED	delayed, please Master policy issued
Annual Location Cost** \$917 REMARKS (Including Special Co *This is a monthly reporting form po notify us immediately so you are not to Connected Investors Real Estate In CANCELLATION SHOULD ANY OF THE ABOVE D DELIVERED IN ACCORDANCE W ADDITIONAL INTEREST NAME AND ADDRESS Ronald Tedrow	.16 nditions) licy. This location will be added to you billed for this property. **Cost is inconsurance Services, 5550 Wild Rose Lane # ESCRIBED POLICIES BE CANCELLEE	West Des Moines, IA 50266 DBEFORE THE EXPIRATION DATE X MORTGAGEE LOSS PAYEE Lend	lose or if your closing is ny other applicable fees. THEREOF, NOTICE WIL ONAL INSURED	delayed, please Master policy issued

ACORD 27 (2009/12)

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ACORD [®] EVIDENCE OF PRO	PERTY INSU	RANCE of	PIDMT	TE (MM/DD/YYYY) 9/15/2020
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT A COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE O ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCEF	FFIRMATIVELY OR NEG F INSURANCE DOES NO	ATIVELY AMEND, E	EXTEND OR ALTE	R THE
AGENCY PHONE (A/C, No, Ext): 800-790-4872	COMPANY			
National Real Estate Insurance Group LLC	_			
11500 NW Ambassador Dr, Ste 310	Lloyd's of London			
Kansas City MO 64153				
FAX (A/C, No): 913-894-6534 E-MAIL ADDRESS: service@nreig.com				
CODE: SUB CODE:	_			
AGENCY CUSTOMER ID #: 024598(QUICK-9) INSURED			POLICY NUMBER	
Russell Quick	LOAN NOWBER		OSCIN6991S003	120
Russell Quick	EFFECTIVE DATE	EXPIRATION DATE		
PO Box 99115	03/11/2020	03/11/2021		ED UNTIL ED IF CHECKED
Louisville KY 40269	THIS REPLACES PRIOR EVID	ENCE DATED:		
PROPERTY INFORMATION				
LOCATION/DESCRIPTION 6162 E Kemper St Bay Saint Louis, MS 39520-8466		Investment Pro	operty	
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO TH NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY O EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH	CONTRACT OR OTHER D I, THE INSURANCE AFFO	OCUMENT WITH RE RDED BY THE POLI	ESPECT TO WHIC	H THIS HEREIN IS
COVERAGE/PERILS/FORMS Dwelling / Special Form / Actual Cash Value (Deductible is	per location, per o		\$80,000	DEDUCTIBLE \$2,500
Loss of Rents Coverage	F, F		\$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				
*This is a monthly reporting form policy. This location will be added to your notify us immediately so you are not billed for this property. **Cost is inclu	r inventory report. If you	do not close or if	your closing is de	layed, please
notify us immediately so you are not billed for this property. **Cost is inclu to Connected Investors Real Estate Insurance Services, 5550 Wild Rose Lane #40	usive of premium, taxes, d)0, West Des Moines, IA 50	ues and any other ap 266	piicadie tees. Mas	ter policy issued
CANCELLATION				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	BEFORE THE EXPIRATION	ON DATE THEREOF	, NOTICE WILL B	E
ADDITIONAL INTEREST				
NAME AND ADDRESS	MORTGAGEE			
Equity Trust Co. FBO Mark A & Cathy A Register PO Box 18799	LOSS PAYEE	Lender's Los	s Payee	
PO Box 18799 Panama City Beach FL 32417-8799		<i>/</i>		
	AUTHORIZED REPRESENTATIV			
	Em	In		

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ACORD [®] EVIDENCE OF PRO	PERTY INSURAN	CE OP ID M	AT 09/15/2020
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER O ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AF COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER	FIRMATIVELY OR NEGATIVELY	MEND, EXTENI TUTE A CONTR	D OR ALTER THE
AGENCY (A/C, No, Ext): 800-790-4872	COMPANY		
National Real Estate Insurance Group LLC	-		
11500 NW Ambassador Dr, Ste 310	Lloyd's of London		
Kansas City MO 64153			
FAX (A/C, No): 913-894-6534 E-MAIL ADDRESS: service@nreig.com			
CODE: SUB CODE:	-		
AGENCY CUSTOMER ID #: 024598(QUICK-9) INSURED	LOAN NUMBER	POLICY	NUMBER
Russell Quick	LOAN NOMBER		NOMBER 16991S003120
Russell Quick	EFFECTIVE DATE EXPIRA		
PO Box 99115	03/11/2020 03/1	1/2021	CONTINUED UNTIL
Louisville KY 40269	THIS REPLACES PRIOR EVIDENCE DATED		
PROPERTY INFORMATION			
LOCATION/DESCRIPTION 6162 E Kemper St Bay Saint Louis, MS 39520-8466	Invest	ent Property	
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO TH NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY C EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH F	CONTRACT OR OTHER DOCUMENT , THE INSURANCE AFFORDED BY	WITH RESPEC	T TO WHICH THIS DESCRIBED HEREIN IS
COVERAGE/PERILS/FORMS Dwelling / Special Form / Actual Cash Value (Deductible is	per location per occurren		NSURANCE DEDUCTIBL \$80,000 \$2,
Loss of Rents Coverage	per rocación, per occarren	-	\$4,800
Theft/VMM Limit \$30,000 Not to exceed Dwelling Limit - ACV			\$2,
Windstorm/Hail			\$2,
Named Storm INCLUDED			
Terrorism - Policy Number: VA412000001			\$84,800 \$2,
Annual Location Cost** \$917.16			
REMARKS (Including Special Conditions)			
*This is a monthly reporting form policy. This location will be added to your notify us immediately so you are not billed for this property. **Cost is inclu to Connected Investors Real Estate Insurance Services, 5550 Wild Rose Lane #40	inventory report. If you do not clo sive of premium, taxes, dues and any 0, West Des Moines, IA 50266	se or if your cla other applicable	osing is delayed, please e fees. Master policy is
CANCELLATION			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED E DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	BEFORE THE EXPIRATION DATE	HEREOF, NOTI	CE WILL BE
ADDITIONAL INTEREST			
NAME AND ADDRESS		NAL INSURED	
	2000171122	r's Loss Paye	e
Creative Real Estate Solutions Inc. PO Box 12173	LOAN #		
Tallahassee FL 32317-2173			
	-mil	\sim	

ACORD 27 (2009/12)

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ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

ACORD [®] C	ERT	IFICATE OF LIA	BILITY INS	URANC	E OP ID MT		(MM/DD/YYYY) 15/2020
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVELY SURAN	OR NEGATIVELY AMEND, ICE DOES NOT CONSTITUT	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED B		DER. THIS
IMPORTANT: If the certificate holder the terms and conditions of the policy	, certai	in policies may require an er					
certificate holder in lieu of such endor PRODUCER	semen	it(S).	CONTACT NAME:				
National Real Estate Insurance (roup	LLC	PHONE 000 7	90-4872	FAX	913-8	394-6534
11500 NW Ambassador Dr, Ste 310	roup		(A/C, NO, EXI).	e@nreig.com	n (A/C, No):	<u>, , , , , , , , , , , , , , , , , , , </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Kansas City		MO 64153	INS		ADING COVERAGE	Co.	NAIC #
INSURED			INSURER B :				
Russell Quick			INSURER C :				
Russell Quick			INSURER D :				
PO Box 99115 Louisville		KY 40269	INSURER E :				
HOUTSVILLE		KI 40209	INSURER F :				
COVERAGES CEF	TIFIC	ATE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA POLIC	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD IES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER D S DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	ст то и	VHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
					EACH OCCURRENCE DAMAGE TO RENTED	Ψ	00,000
					PREMISES (Ea occurrence)	\$ 50,	
DEDUCTIBLE \$0		00000000000	02 (11 (0000	02/11/0001	MED EXP (Any one person)	\$2,5	
	N	OSCESIN33	03/11/2020	03/11/2021	PERSONAL & ADV INJURY	Ψ	luded 00,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC					GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	Ψ	luded
OTHER:						\$	
					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO					BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
						\$	
VIMBRELLA 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)					E.L. DISEASE - EA EMPLOYEE	\$	
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
					<u> </u>		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC 6162 E Kemper St	LES (AC	CORD 101, Additional Remarks Schedu	lle, may be attached if mo	re space is requir	ed)		
Bay Saint Louis, MS 39520-8466							
Master policy issued to Connecte IA 50266	ed Inv	vestors Real Estate Ins	urance Services	, 5550 Wil	d Rose Lane #400, N	West D	es Moines,
CERTIFICATE HOLDER			CANCELLATION				
Ronald Tedrow PO Box 1807 Martinsville		IN 46151-0807	THE EXPIRATIO	N DATE THI ITH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		
			AUTHORIZED REPRESE		h		
			Ehr		n		
			© 19	988-2014 AC	ORD CORPORATION.	All rig	hts reserved.

ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

ACORD [®] C	ERTI	FICATE OF LIA	BILITY INS	URANC		ATE (MM/DD/YYYY) 09/15/2020
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVELY C SURANC ND THE	DR NEGATIVELY AMEND, E DOES NOT CONSTITU CERTIFICATE HOLDER.	EXTEND OR ALT TE A CONTRACT	ER THE CO BETWEEN T	UPON THE CERTIFICATE VERAGE AFFORDED BY 'HE ISSUING INSURER(S),	HOLDER. THIS THE POLICIES AUTHORIZED
IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endor	, certain	policies may require an er				
PRODUCER	sementa	5).	CONTACT NAME:			
National Real Estate Insurance (roup L	LC	PHONE 000 7	90-4872	FAX 91	3-894-6534
11500 NW Ambassador Dr, Ste 310	JI G WE D		(A/C, NO, EXI).	@nreig.co	(A/C, NO).	
Kansas City		MO 64153			R DING COVERAGE 11 Lloyds Insurance Co	NAIC #
INSURED			INSURER B :			
Russell Quick			INSURER C :			
Russell Quick			INSURER D :			
PO Box 99115			INSURER E :			
Louisville	K	Y 40269				
COVERAGES CEF		TE NUMBER:	INSURER F :		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	5 of Insu Equirem Pertain Policies	URANCE LISTED BELOW HA' IENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER E S DESCRIBEI PAID CLAIMS	D NAMED ABOVE FOR THE I OCUMENT WITH RESPECT 1 D HEREIN IS SUBJECT TO A	O WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUE	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE C OCCUR DEDUCTIBLE \$0 GENIL AGGREGATE LIMIT APPLIES PER:	Y	OSCESIN33	03/11/2020	03/11/2021	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$	1,000,000 50,000 2,500 Excluded 2,000,000
POLICY PRO- JECT X LOC					PRODUCTS - COMP/OP AGG \$	Excluded
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	
ANY AUTO					BODILY INJURY (Per person) \$	
ALL OWNED SCHEDULED					BODILY INJURY (Per accident) \$	
AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE \$	
HIRED AUTOS					(Per accident) \$	
X UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	
					S S	
DED RETENTION \$					PER OTH- STATUTE ER	
	L I					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$	
DÉSÉRIPTION OF OPERATIONS below	+				E.L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC		RD 101. Additional Remarks Schedu	Jle. may be attached if mo	re space is requi	ed)	
6162 E Kemper St Bay Saint Louis, MS 39520-8466						
Master policy issued to Connect IA 50266	ed Inve	stors Real Estate Ins	urance Services	, 5550 Wil	d Rose Lane #400, Wes	t Des Moines,
CERTIFICATE HOLDER			CANCELLATION			
Equity Trust Co. FBO Mark A & PO Box 18799 Panama City Beach	_	A Register L 32417-8799	THE EXPIRATION ACCORDANCE W	N DATE TH TH THE POLIC	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.	
			AUTHORIZED REPRESE		n	
			Ehr		h	

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ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT							UPON THE CERTIFICATE H	
BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	SURA	NCE HE C	DOES NOT CONSTITUT ERTIFICATE HOLDER.	TE A C	CONTRACT	BETWEEN T	HE ISSUING INSURER(S), A	UTHORIZED
IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endor	, cert	ain p	olicies may require an er					
PRODUCER		. ,		CONTA NAME:	СТ			
National Real Estate Insurance (roup	LL(PHONE (A/C, No	5, Ext) : 800-7	90-4872	FAX (A/C, No): 913	-894-6534
11500 NW Ambassador Dr, Ste 310				E-MAIL ADDRE	ss: service	@nreig.com	n	1
							ING COVERAGE	NAIC #
Kansas City			MO 64153	INSURE	RA: Americ	an Nationa	al Lloyds Insurance Co.	_
NSURED Russell Quick				INSURE	RB:			
Russell Quick				INSURE				
PO Box 99115				INSURE				
Louisville		ΚY	40269	INSURE				
COVERAGES CEF	TIFIC		NUMBER:	INSURE	K F :		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES	OF I	NSUF	ANCE LISTED BELOW HAV			THE INSURE	D NAMED ABOVE FOR THE PO	
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO ALL	
INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY					,			000,000
							PREMISES (Ea occurrence) \$ 50	,000
A DEDUCTIBLE \$0	Y		OSCESIN33		03/11/2020	03/11/2021	MED EXP (Any one person) \$ 2	cluded
	T		OBCEBIN55		03/11/2020	03/11/2021		000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							¢	cluded
OTHER:							\$	
							COMBINED SINGLE LIMIT (Ea accident)	
ANY AUTO							BODILY INJURY (Per person) \$	
ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$	
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE \$	
							\$	
							EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
DED RETENTION \$							\$ PER OTH-	
AND EMPLOYERS' LIABILITY Y / N							STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	CORE	101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requir	red)	
6162 E Kemper St Bay Saint Louis, MS 39520-8466								
Magtor policy issued to Group			org Dool Batata Tom		0 0000	5550 TJ-1	d Pogo Topo #400 titat	Dog Moiner
Master policy issued to Connect IA 50266	u Ir	vest	OIS REAL ESLATE INS	urance	= Services	, 3550 W11	u ROSE LANE #400, WEST	Des Moines,
CERTIFICATE HOLDER				CANO	ELLATION			
Creative Real Estate Solutions	Inc						ESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE	
PO Box 12173	110	•					Y PROVISIONS.	
Tallahassee		FL	32317-2173					
				AUTHO	RIZED REPRESE		า	
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				I		V00 2014 AC	ORD CORPORATION. All ri	

ACORD 25 (2014/01)