

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.

AGENCY	PHONE (A/C No Ext): 800-790-4872	COMPANY					
National Real Estate	(A/O, NO, EXI).	-					
	11500 NW Ambassador Dr, Ste 310						
11500 NW Ambassador I	or, 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(QUI	CK-9)						
INSURED		LOAN NUMBER		POLICY NUMBER			
Russell Quick				OSCIN6991S003	1120		
Russell Quick		EFFECTIVE DATE E	XPIRATION DATE	OBCINOJJIBOOS	7120		
PO Box 99115				CONTINUE			
Louisville	KY 40269		03/11/2021	X TERMINAT	TED IF CHECKED		
		THIS REPLACES PRIOR EVIDENCE D	DATED:				
PROPERTY INFORMATION	ON .						
LOCATION/DESCRIPTION							
6234 W Lamar St		Tny	estment Pro	nerty			
Bay Saint Louis, MS 3	39520-8586	1117	eschienc Pic	percy			
THE DOLLOIS OF INCHES	ANCE LICTED DELOWALIANE DEEN ICCUED TO TH	IE INCLIDED NAMED ADOVE E		V DEDICO INDIC	ATED		
	ANCE LISTED BELOW HAVE BEEN ISSUED TO TH REQUIREMENT. TERM OR CONDITION OF ANY C						
	Y INSURANCE MAY BE ISSUED OR MAY PERTAIN						
	RMS, EXCLUSIONS AND CONDITIONS OF SUCH F						
COVERACE INFORMATION							
COVERAGE INFORMATION							
	COVERAGE / PERILS / FORMS			JNT OF INSURANCE	DEDUCTIBLE		
Dwelling / Special Fo	orm / Actual Cash Value (Deductible is	per location, per occur	rrenc	\$80,000	\$2,500		
Loss of Rents Coverag	je			\$4,800			
Theft/VMM Limit \$30,0	000 Not to exceed Dwelling Limit - ACV				\$2,500		
Windstorm/Hail					2%		
Named Storm INCLUDED							
Terrorism - Policy Nu	mber: VA412000001			\$84,800	\$2,500		
Annual Location Cost				Ψ01/000	72,300		
Annual Location Cost	\$917.10						
REMARKS (Including Spe	ecial Conditions)						
, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·						
*This is a monthly reporting	g form policy. This location will be added to your	inventory report. If you do no	ot aloge or if	zour alogina is de	layed please		
notify us immediately so you	g form policy. This location will be added to your u are not billed for this property. **Cost is inclu	sive of premium, taxes, dues an	nd any other app	plicable fees. Mas	ter policy issued		
	Estate Insurance Services, 5550 Wild Rose Lane #40	u, west ues Moines, IA 50266					
CANCELLATION					_		
	BOVE DESCRIBED POLICIES BE CANCELLED	BEFORE THE EXPIRATION DA	ATE THEREOF	, NOTICE WILL B	BE		
DELIVERED IN ACCORD	DANCE WITH THE POLICY PROVISIONS.						
ADDITIONAL INTEREST							
NAME AND ADDRESS		X MORTGAGEE AD	DDITIONAL INSURE	D			
			ender's Los				
Ronald Tedrow		LOSS PATEE 2.		<u> </u>			
PO Box 1807							
Martinsville	IN 46151-0807	AUTHORIZED DERESCHITATION					
		AUTHORIZED REPRESENTATIVE	0				
		(= la /					
			V				



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AGENCY	xt): 800-790-4872	COMPANY					
National Real Estate							
11500 NW Ambassador	Dr, Ste 3	10	Lloyd's of London				
Kansas City		MO 64153					
FAX (A/C, No): 913-894-6534	E-MAIL ADDRESS: S	service@nreig.com					
CODE:		SUB CODE:					
AGENCY CUSTOMER ID #: 024598 (QUI	ICK-9)						
INSURED			LOAN NUMBER		POLICY NUMBER		
Russell Quick					OSCIN6991S003	120	
Russell Quick			EFFECTIVE DATE	EXPIRATION D	ATE CONTINUE	-D UNTII	
PO Box 99115 Louisville		KY 40269	03/11/2020	03/11/20		ED IF CHECKED	
Louisville		KI 40209	THIS REPLACES PRIOR EVIDE	NCE DATED:			
PROPERTY INFORMATI	ON						
LOCATION/DESCRIPTION 6234 W Lamar St							
Bay Saint Louis, MS	39520-858	6		Investment	Property		
THE POLICIES OF INSUR	ANCE LIST	ED BELOW HAVE BEEN ISSUED TO	THE INSURED NAMED AROV	VE FOR THE PO	OLICY PERIOD INDICA	ATED	
		MENT, TERM OR CONDITION OF ANY					
		CE MAY BE ISSUED OR MAY PERTA					
SUBJECT TO ALL THE TE	ERMS, EXCL	USIONS AND CONDITIONS OF SUCH	H POLICIES. LIMITS SHOWI	N MAY HAVE B	EEN REDUCED BY PA	AID CLAIMS.	
COVERAGE INFORMAT	ION						
		COVERAGE / PERILS / FORMS			AMOUNT OF INSURANCE	DEDUCTIBLE	
		ual Cash Value (Deductible i	s per location, per o	ccurrenc	\$80,000	\$2,500	
Loss of Rents Covera	-				\$4,800		
	000 Not t	o exceed Dwelling Limit - AC	:V			\$2,500	
Windstorm/Hail						2%	
Named Storm INCLUDED Terrorism - Policy N		412000001			\$84,800	\$2,500	
Annual Location Cost					Ş01,000	\$2,500	
Annual Location cost	Ψ Σ Σ Γ . 1						
REMARKS (Including Sp	ocial Conc	litions)					
KEWAKKS (including Sp	Jeciai Conc	illions)					
*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 ADDRESS			MORTGAGEE	ADDITIONAL IN	SURED		
			LOSS PAYEE		Loss Payee		
Equity Trust Co. Fi	BO Mark A	& Cathy A Register	LOAN#				
PO Box 18799							
Panama City Beach		FL 32417-8799	AUTHORIZED REPRESENTATIV	E			
			1.		L-12-		
				- V			



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13301NG INSONER(3), ACTIONIZED REI RESERVATIVE ON I RODUCEN	, AND THE ADDITIONAL INTERE	.51.					
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							
CODE: SUB CODE:							
AGENCY CUSTOMER ID #: 024598(QUICK-9)							
INSURED	LOAN NUMBER	POLIC	Y NUMBER				
Russell Quick		OSCI	N6991S0031	.20			
Russell Quick	EFFECTIVE DATE EXPIR	RATION DATE	CONTINUE) UNTII			
PO Box 99115	03/11/2020 03/	11/2021		D IF CHECKED			
Louisville KY 40269	THIS REPLACES PRIOR EVIDENCE DATE	D:					
PROPERTY INFORMATION							
LOCATION/DESCRIPTION							
6234 W Lamar St Bay Saint Louis, MS 39520-8586	Inves	tment Propert	У				
Bay Saint Louis, MS 39520-8586			-				
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							
COVERAGE INFORMATION							
COVERAGE / PERILS / FORMS		AMOUNT OF	INSURANCE	DEDUCTIBLE			
Dwelling / Special Form / Actual Cash Value (Deductible is	per location, per occurre		\$80,000	\$2,500			
Loss of Rents Coverage	, ,		\$4,800	, , ,			
Theft/VMM Limit \$30,000 Not to exceed Dwelling Limit - ACV			¥ 1,000	\$2,500			
Windstorm/Hail							
Named Storm INCLUDED				2%			
Terrorism - Policy Number: VA412000001			\$84,800	\$2,500			
Annual Location Cost** \$917.16			\$01,000	ψ2,500			
Allitual Bocacion cost \$517.10							
REMARKS (Including Special Conditions)							
*This is a monthly reporting form policy. This location will be added to your	inventory report. If you do not o	lose or if your c	losing is del	ayed, 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		ny other applicab	le fees. Mast	er policy issued			
CANCELLATION							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED E	BEFORE THE EXPIRATION DATE	THEREOF, NOT	ICE WILL BE				
DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		, , , , , , , , , , , , , , , , , , , ,					
ADDITIONAL INTEREST							
NAME AND ADDRESS	MORTGAGEE X ADDIT	IONAL INSURED					
		ler's Loss Pay	ree				
Creative Real Estate Solutions Inc.	LOAN #		-				
PO Box 12173							
Tallahassee FL 32317-2173	AUTHORIZED REPRESENTATIVE						
)					
	- In ~						



CERTIFICATE OF LIABILITY INSURANCE

OP ID MT

DATE (MM/DD/YYYY) 09/15/2020

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

	ne terms and conditions of the policy, ertificate holder in lieu of such endors				ndorser	ment. A state	ement on thi	s certificate does no	ot confer ri	ghts to the
PRODUCER					CONTA NAME:	СТ				
National Real Estate Insurance Group LLC					PHONE	800-79	90-4872	FAX	Nav. 913-8	394-6534
11500 NW Ambassador Dr, Ste 310					(A/C, No), EXI).	@nreig.com		, No): 913-0	
11500 III 1111000000000 217 500 510					ADDRE	33.				NAIG #
Kar	nsas City			MO 64153				RDING COVERAGE al Lloyds Insura	nce Co	NAIC #
	JRED			NO 01155			all Naciona	ii bioyas insara		
	ussell Quick				INSURE					
	ussell Quick				INSURE					
	O Box 99115				INSURE	RD:				
I	ouisville		KY	40269	INSURE	RE:				
					INSURE	RF:				
				NUMBER:				REVISION NUMBE		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION (THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER D S DESCRIBED PAID CLAIMS.	OCUMENT WITH RES D HEREIN IS SUBJEC	SPECT TO V	VHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,0	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$ 50,	000
	X DEDUCTIBLE \$0							MED EXP (Any one persor		00
Α		N		OSCESIN33		03/11/2020	03/11/2021	PERSONAL & ADV INJUR	Y S Exc	luded
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00,000
	POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP /		luded
	OTHER:							TROBUGIO COMITION	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	т 🛊	
	ANY AUTO							(Ea accident) BODILY INJURY (Per pers	son) \$	
	ALL OWNED SCHEDULED							BODILY INJURY (Per acci	, i	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	✓ UMBRELLA LIAB OCCUB									
	- OCCUR							EACH OCCURRENCE	\$	
	CLAINIS-WADE	-						AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER 0	\$ TH-	
	AND EMPLOYERS' LIABILITY Y/N								TH- R	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLO	OYEE \$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L	IMIT \$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requir	red)		
	34 W Lamar St / Saint Louis, MS 39520-8586									
	ster policy issued to Connecte 50266	d Ir	ıvest	cors Real Estate Ins	urance	e Services	, 5550 Wil	d Rose Lane #400	0, West D	es Moines,
CE	RTIFICATE HOLDER				CANO	ELLATION				
P	onald Tedrow O Box 1807				THE	EXPIRATION	I DATE THI	ESCRIBED POLICIES EREOF, NOTICE WI CY PROVISIONS.		
M	artinsville		IN	46151-0807						

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AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

OP ID MT

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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)

certificate holder in lieu of su	ch endorsement(s).				
PRODUCER			CONTACT NAME:		
National Real Estate Insu	urance Group LLC		PHONE (A/C, No, Ext): 800-790-4872	FAX (A/C, No): 913-8	394-6534
11500 NW Ambassador Dr, S	Ste 310		E-MAIL service@nreig.com		
			INSURER(S) AFFORDING COVE	RAGE	NAIC #
Kansas City		MO 64153	INSURER A: American National Lloyd	s Insurance Co.	
INSURED			INSURER B:		
Russell Quick			INSURER C :		
Russell Quick			INSURER D :		
PO Box 99115					
Louisville	KY	40269	INSURER E :		
			INSURER F:		
COVERAGES	CERTIFICATE N	UMBER:	REVISIO	N NUMBER:	
THIS IS TO CERTIFY THAT THE	POLICIES OF INSURAN	NCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED	ABOVE FOR THE POL	ICY PERIOD
			OF ANY CONTRACT OR OTHER DOCUMENT		
CERTIFICATE MAY BE ISSUED	OR MAY PERTAIN, TH	E INSURANCE AFFORD	DED BY THE POLICIES DESCRIBED HEREIN	IS SUBJECT TO ALL T	THE TERMS,

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDL SUBR INSD WVD POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY \$ 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED \$ 50,000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) \$ 2,500 DEDUCTIBLE \$0 MED EXP (Any one person) OSCESTN33 03/11/2020 Υ 03/11/2021 Α \$ Excluded PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT POLICY \$ Excluded PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS AUTOS \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$ DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

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

6234 W Lamar St

CERTIFICATE HOLDER

Bay Saint Louis, MS 39520-8586

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

CANCELL ATION

SERTII ISATE HOEDER		CANCELLATION
Equity Trust Co. FBO Mark A PO Box 18799 Panama City Beach	& Cathy A Register FL 32417-8799	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1		AUTHORIZED REPRESENTATIVE



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th	IPORTANT: If the certificate holder e terms and conditions of the policy ertificate holder in lieu of such endor	, certa	ain p	olicies may require an er						
PRO	DUCER				CONTA NAME:	СТ				
Nat	ional Real Estate Insurance G	roup	LLC		PHONE (A/C, No	p. Ext): 800-7	90-4872	F	AX A/C, No):	913-894-6534
115	00 NW Ambassador Dr, Ste 310					ss: service	@nreig.com	n		
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #
Kansas City MO 64153				INSURE	RA: Americ	an Nationa	l Lloyds Insu	rance (Co.	
INSU	RED				INSURE	RB:				
	ussell Quick				INSURE	RC:				
	ussell Quick				INSURE	RD:				
	O Box 99115 ouisville		KY	40269	INSURE	RE:				
	Sulb ville		101	10209	INSURE	RF:				
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
IN CI E)	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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	i
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$ 1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre		\$ 50,000
	X DEDUCTIBLE \$0							MED EXP (Any one pe	erson)	\$ 2,500
Α		Y		OSCESIN33		03/11/2020	03/11/2021	PERSONAL & ADV IN	JURY :	§ Excluded
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE :	\$ 2,000,000
	POLICY PRO- JECT X LOC							PRODUCTS - COMP/C	OP AGG	§ Excluded
	OTHER:									\$
	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	IMIT	\$
	ANY AUTO							BODILY INJURY (Per	person)	\$
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per a	,	\$
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	: :	\$

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

6234 W Lamar St Bay Saint Louis, MS 39520-8586

If yes, describe under DESCRIPTION OF OPERATIONS below

UMBRELLA LIAB

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

RETENTION \$

EXCESS LIAB

DED

(Mandatory in NH)

OCCUR

CLAIMS-MADE

N/A

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

CERTIFICATE HOLDER		CANCELLATION
Creative Real Estate Solutions Inc PO Box 12173 Tallahassee	FL 32317-2173	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
J		AUTHORIZED REPRESENTATIVE

\$

\$

\$

\$

\$

EACH OCCURRENCE

STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

AGGREGATE