



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
06/26/2025

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 COVENANT INSURANCE AGENCY, LLC. 242 WEST MAIN ST., #409 HENDERSONVILLE, TN37075		PHONE (A/C, No, Ext): 615-824-6322	COMPANY NAME AND ADDRESS Owners Insurance Company (Auto-Owners Insurance Group) 6101 Anacapi Blvd. Lansing MI 48917-3999		NAIC NO: 18988
FAX (A/C, No): 866-480-2409	E-MAIL ADDRESS: Info@CIAofTN.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: AGENCY CUSTOMER ID #:	SUB CODE:		POLICY TYPE COMMERCIAL PACKAGE POLICY		
NAMED INSURED AND ADDRESS HICKORY BAY TOWERS HOA, INC. P.O. BOX 218831 NASHVILLE, TN 37221-8831			LOAN NUMBER	POLICY NUMBER 03518263-23	
ADDITIONAL NAMED INSURED(S)			EFFECTIVE DATE 07/01/2025	EXPIRATION DATE 07/01/2026	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) ☒ BUILDING & ☒ BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION TWO BUILDINGS WITH 116 UNITS LOCATED 200 SANDERS FERRY RD., HENDERSONVILLE, TN 37075
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	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 20,655,726 (BLDG#1) AND \$20,385,150 (BLDG#2)		DED: \$10,000/\$20,385			
<input checked="" type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	YES	NO	N/A	
BLANKET COVERAGE		<input checked="" type="checkbox"/>			If YES, LIMIT: \$150,000 Actual Loss Sustained; # of months:
TERRORISM COVERAGE		<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$
IS THERE A TERRORISM-SPECIFIC EXCLUSION?					Attach Disclosure Notice / DEC
IS DOMESTIC TERRORISM EXCLUDED?					
LIMITED FUNGUS COVERAGE			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>			
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED VALUE			<input checked="" type="checkbox"/>		
COINSURANCE		<input checked="" type="checkbox"/>			If YES, 90 %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: SAME LIMITS AS BUILDINGS DED: \$10,000.
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>			
- Demolition Costs		<input checked="" type="checkbox"/>			If YES, LIMIT: \$160,000 DED: \$10,000.
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			If YES, LIMIT: \$160,000 DED: \$10,000.
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 (If Subject to Different Provisions)		<input checked="" type="checkbox"/>			If YES, LIMIT: \$20,655,726 for each bldg DED: 1%
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				<input checked="" type="checkbox"/>	
EMPLOYEE DISHONESTY		<input checked="" type="checkbox"/>			\$50,000

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		LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE	CONTRACT OF SALE	
LENDERS LOSS PAYABLE		
NAME AND ADDRESS FOR INSURED'S RECORDS		
		AUTHORIZED REPRESENTATIVE <i>Richard Coker</i>

