



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
07/19/2023

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<br><b>COVENANT INSURANCE AGENCY, LLC.<br/>242 WEST MAIN ST., #409<br/>HENDERSONVILLE, TN37075</b> |                                  | PHONE (A/C, No, Ext): 615-824-6322  | COMPANY NAME AND ADDRESS<br><b>Owners Insurance Company<br/>(Auto-Owners Insurance Group)<br/>6101 Anacapri Blvd.<br/>Lansing MI 48917-3999</b> |   | NAIC NO: 18988 |
| FAX (A/C, No): 866-480-2409   | E-MAIL ADDRESS: Info@CIA2018.com |                                     | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH  |   |                |
| CODE:<br>AGENCY CUSTOMER ID #:  | SUB CODE:                        |                                     | POLICY TYPE<br><b>COMMERCIAL PACKAGE POLICY</b>   |   |                |
| NAMED INSURED AND ADDRESS<br><b>HICKORY BAY TOWERS HOA, INC.<br/>P.O. BOX 218831<br/>NASHVILLE, TN 37221-8831</b>                           |                                  | LOAN NUMBER                         | POLICY NUMBER<br><b>03518263-23</b>   |   |                |
| ADDITIONAL NAMED INSURED(S)   |                                  | EFFECTIVE DATE<br><b>07/01/2023</b> | EXPIRATION DATE<br><b>07/01/2024</b>  | <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                               | SPECIAL | DEDUCTIBLE   |
|--|-------------------------------------|-------------------------------------|-------------------------------------|---------|--|
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:  |                                     |                                     | <input checked="" type="checkbox"/> |         | DED: \$10,000/\$35,000   |
| <input checked="" type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE |                                     | <input checked="" type="checkbox"/> |                                     |         | If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: <b>18</b> |
| BLANKET COVERAGE   |                                     | <input checked="" type="checkbox"/> |                                     |         | If YES, indicate value(s) reported on property identified above: \$                              |
| TERRORISM COVERAGE   |                                     | <input checked="" type="checkbox"/> |                                     |         | Attach Disclosure Notice / DEC   |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION?   |                                     |                                     |                                     |         |  |
| 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: <b>SAME LIMITS AS BUILDINGS</b> DED: <b>\$10,000.</b>                             |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg                                    |                                     | <input checked="" type="checkbox"/> |                                     |         |  |
| - Demolition Costs   |                                     | <input checked="" type="checkbox"/> |                                     |         | If YES, LIMIT: <b>10% OF BLDG COVERAGE</b> DED: <b>\$10,000.</b>                                 |
| - Incr. Cost of Construction   |                                     | <input checked="" type="checkbox"/> |                                     |         | If YES, LIMIT: <b>10% OF BLDG COVERAGE</b> DED: <b>\$10,000.</b>                                 |
| 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: DED:  |
| 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.

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

