



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/29/2018

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 JP Perry Insurance, Inc 3342 Kori Road Jacksonville, FL 32257		PHONE (A/C, No, Ext): (904) 268-7310	COMPANY Old Dominion Insurance Company	
FAX (A/C, No): (904) 900-2222	E-MAIL ADDRESS:			
CODE: 090068	SUB CODE:			
AGENCY CUSTOMER ID #: MANDPRO-01				
INSURED Mandarin Professional Complex Condominium Assoc, Inc. c/o Duval Realty Inc 2980 Hartley Road Suite 2 Jacksonville, FL 32257		LOAN NUMBER	POLICY NUMBER BPG6916B	
		EFFECTIVE DATE 5/26/2018	EXPIRATION DATE 5/26/2019	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc # 1, Bldg # 1, 9776 San Jose Blvd., Jacksonville, FL 32257, OFFICE - BLDG LEASED TO OTHERS
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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	PERILS INSURED				
			BASIC	BROAD	SPECIAL		
Loc # 1, Bldg # 1 Building, Special (Including theft)	\$1,475,800	1,000					

REMARKS (Including Special Conditions)

Special Conditions: 5% Wind/Hail deductible
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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	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			

Proof of Insurance