



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

OP ID: JP

DATE (MM/DD/YYYY)
06/18/2018

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 Tate Insurance Group 6423 Deane Hill Drive Knoxville, TN 37919 Scott J. Tate	PHONE (A/C, No, Ext): 865-862-8233	COMPANY NAME AND ADDRESS Liberty Mutual	NAIC NO: 23043
FAX (A/C, No): 865-862-8232	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: AGENCY CUSTOMER ID #: EXCEL-1	SUB CODE:	POLICY TYPE Property (Commercial)	
NAMED INSURED AND ADDRESS Excel Group, LLC Excel Holdings 11, LLC 1621 North Kent St. Suite 1115 Arlington, VA 22209	LOAN NUMBER	POLICY NUMBER YU2-Z91-465907-017	
ADDITIONAL NAMED INSURED(S)	EFFECTIVE DATE 06/01/18	EXPIRATION DATE 06/01/19	<input 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** OR **BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION

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

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$ 198,306,000	DED: 10,000
	YES NO N/A	
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>	If YES, LIMIT: 6,700,000 Actual Loss Sustained; # of months: 12
BLANKET COVERAGE	<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$ 29,100,000
TERRORISM COVERAGE	<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/>	
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>	
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, %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>	If YES, LIMIT: 29,100,000 DED: 10,000
- Demolition Costs	<input checked="" type="checkbox"/>	If YES, LIMIT: 5,000,000 DED: 10,000
- Incr. Cost of Construction	<input checked="" type="checkbox"/>	If YES, LIMIT: 5,000,000 DED: 10,000
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>	If YES, LIMIT: 1,000,000 DED: 100,000
FLOOD (If Applicable)	<input checked="" type="checkbox"/>	If YES, LIMIT: 1,000,000 DED: 1,000,000
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 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"/>	

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

MORTGAGEE LENDERS LOSS PAYABLE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS <p style="text-align: center;">Insured's Copy</p>		AUTHORIZED REPRESENTATIVE 

**EVIDENCE OF PROPERTY INSURANCE
PROPERTY SCHEDULE**

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PROPERTY INFORMATION

LOCATION/DESCRIPTION
**100 Passaic Ave
Harrison, NJ 07029
Hampton Inn**

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