



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/29/2021

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.

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|--|--------------------------------|---|--|---|
| AGENCY HNI Risk Services P.O. Box 510187 New Berlin WI 53151 | | PHONE (A/C, No, Ext): (262) 782-3940 | COMPANY Hartford P O Box 14248 Milwaukee WI 53214 | |
| FAX (A/C, No): (262) 782-4198 | E-MAIL ADDRESS: msmith@hni.com | | | |
| CODE: | SUB CODE: | | | |
| AGENCY CUSTOMER ID #: 00000496 | | | | |
| INSURED Bestway Transfer & Storage, Inc. 701 W. Cleveland Ave. Milwaukee WI 53215 | | LOAN NUMBER | POLICY NUMBER 83UUMZV6165 | |
| | | EFFECTIVE DATE 2/1/2021 | EXPIRATION DATE 2/1/2022 | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| THIS REPLACES PRIOR EVIDENCE DATED: | | | | |

PROPERTY INFORMATION

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|---|
| LOCATION/DESCRIPTION 701 W. Cleveland Ave, Milwaukee, WI 53215 |
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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 |
|--|---------------------|------------|
| Building | \$1,703,400 | \$2,500 |
| Business Personal Property - Including Stock | \$56,800 | |
| Business Income and Extra Expense | \$100,000 | |


REMARKS (Including Special Conditions)

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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 | MORTGAGEE | ADDITIONAL INSURED |
| | LOSS PAYEE | |
| | LOAN # | |
| AUTHORIZED REPRESENTATIVE Jim Natalizio/SCHITA  | | |

ACORD 27 (2009/12)

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