



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/26/2020

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 B&H Insurance, LLC 111 Ruthar Drive Newark, DE 19711	PHONE (A/C, No, Ext): (302) 995-2247	COMPANY NAME AND ADDRESS Harford Mutual Insurance Co. 200 N. Main Street Bel Air, MD 21014-3544	NAIC NO: 14141
Contact name:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
FAX (A/C, No): (302) 995-2220	E-MAIL ADDRESS: insurance@BHI365.com		
CODE:	SUB CODE:	POLICY TYPE Commercial Package	
AGENCY CUSTOMER ID #: 1880SUP-01	LOAN NUMBER 0032201782		POLICY NUMBER 9196283
NAMED INSURED AND ADDRESS 1880 Superfine Lane Condominium Association c/o Goldsborough Realty 2115A Concord Pike Ste 200 Wilmington, DE 19803		EFFECTIVE DATE 6/13/2020	EXPIRATION DATE 6/13/2021
ADDITIONAL NAMED INSURED(S)		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
Loc # 1, Bldg # 1, 1880 Superfine Lane, Wilmington, DE 19802, condo


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: \$ 11,641,824				DED: 5,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		If YES, LIMIT: 170,000	Actual Loss Sustained; # of months: 12
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?	<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>		If YES, LIMIT: 15,000	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:	DED:
- Demolition Costs	<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
FLOOD (If Applicable)	<input checked="" type="checkbox"/>		If YES, LIMIT: 10,750,000	DED: 1,250
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

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS M&T Bank, ISAOA, ATIMA P.O. Box 5738 Springfield, OH 45501			AUTHORIZED REPRESENTATIVE 

**ADDITIONAL REMARKS SCHEDULE**

AGENCY B&H Insurance, LLC		NAMED INSURED 1880 Superfine Lane Condominium Association c/o Goldsborough Realty 2115A Concord Pike Ste 200 Wilmington, DE 19803	
POLICY NUMBER 9196283			
CARRIER Harford Mutual Insurance Co.	NAIC CODE 14141	EFFECTIVE DATE: 06/13/2020	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:
Borrower: Michelle Rana
Address: 1880 Superfine Lane - Unit 19, Wilmington, DE 19802



Policy Number: 50005998932020

ASSURANT® American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Standard Policy

Type: Renewal

Policy Period: 02/10/2020 To 02/10/2021

Original New Business Effective Date: 02/10/2006

Reinstatement Date:

Form: RCBAP

For payment status, call: (800) 423-4403

These Declarations are effective as of: 02/10/2020 at 12:01 AM

Producer Name and Mailing Address:

B & H INSURANCE
111 RUTHAR DR
NEWARK, DE 19711-8025

Insured Name and Mailing Address:

1880 SUPERFINE LANE CONDO ASSN
C/O GOLDSBURG REALTY
2115 CONCORD PIKE STE 200A
WILMINGTON, DE 19803-2965

NFIP Policy Number: 5000599893

Agent/Agency #: 0XG337

Reference #: 70163-23600-000

Phone #: (302)995-2247

NAIC Number: 10111

Processed by:

Flood Service Center
P.O. Box 8695 Kalispell MT 59904-8695

Property Location:

1880 SUPERFINE LN
WILMINGTON, DE 19802-4900

Building Description:

Other Residential
Three or More Floors
Walkout Basement
High Rise

Primary Residence: N

Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 10 0028 0068 J

Community Name: WILMINGTON, CITY OF

Grandfathered: No

Post-Firm Construction

Program Type: Regular

Newly Mapped into SFHA:

Elev Diff: 3-

Elevated Building: Y

Includes Addition(s) and Extension(s)

Replacement Cost: \$11,434,301

Number of Units: 43

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	10,750,000	1.210 / .046	1,250	13-	6,970.00	Premium Subtotal:	6,970.00
Contents:						Multiplier:	
Contents Location:						ICC Premium:	12.00
						CRS Discount:	.00
						Reserve Fund Assmt:	1,047.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	2,000.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	10,279.00

THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.

Coverage Limitations May Apply. See Your Policy Form for Details.

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Refer to www.fema.gov/cost-of-flood for more information about the risk of flooding and how it impacts the cost of flood insurance.



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PRODUCER NAME, CONTACT PERSON AND ADDRESS B&H Insurance, LLC 111 Ruthar Drive Newark, DE 19711	PHONE (A/C, No, Ext): (302) 995-2247	COMPANY NAME AND ADDRESS Harford Mutual Insurance Co. 200 N. Main Street Bel Air, MD 21014-3544	NAIC NO: 14141
Contact name:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
FAX (A/C, No): (302) 995-2220	E-MAIL ADDRESS: insurance@BHI365.com		
CODE:	SUB CODE:	POLICY TYPE Commercial Package	
AGENCY CUSTOMER ID #: 1880SUP-01			
NAMED INSURED AND ADDRESS 1880 Superfine Lane Condominium Association c/o Goldsborough Realty 2115A Concord Pike Ste 200 Wilmington, DE 19803	LOAN NUMBER HQ119299778	POLICY NUMBER 9196283	
	EFFECTIVE DATE 6/13/2020	EXPIRATION DATE 6/13/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)	THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
Loc # 1, Bldg # 1, 1880 Superfine Lane, Wilmington, DE 19802, condo

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COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 11,641,824				DED: 5,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		If YES, LIMIT: 170,000	Actual Loss Sustained; # of months: 12
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?	<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>		If YES, LIMIT: 15,000	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:	DED:
- Demolition Costs	<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
FLOOD (If Applicable)	<input checked="" type="checkbox"/>		If YES, LIMIT: 10,750,000	DED: 1,250
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

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS Mortgage Lenders of America, L.L.C. ; ISAOA 10975 El Monte Street Overland Park, KS 66211			AUTHORIZED REPRESENTATIVE

**ADDITIONAL REMARKS SCHEDULE**

AGENCY B&H Insurance, LLC		NAMED INSURED 1880 Superfine Lane Condominium Association c/o Goldsborough Realty 2115A Concord Pike Ste 200 Wilmington, DE 19803	
POLICY NUMBER 9196283			
CARRIER Harford Mutual Insurance Co.	NAIC CODE 14141	EFFECTIVE DATE: 06/13/2020	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:
Borrower:
Address: Address: 1880 Superfine Lane, Unit 41
of Units - 43



Policy Number: 50005998932020

ASSURANT® American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Standard Policy

Type: Renewal

Policy Period: 02/10/2020 To 02/10/2021

Original New Business Effective Date: 02/10/2006

Reinstatement Date:

Form: RCBAP

For payment status, call: (800) 423-4403

These Declarations are effective as of: 02/10/2020 at 12:01 AM

Address Info

Producer Name and Mailing Address:

B & H INSURANCE
111 RUTHAR DR
NEWARK, DE 19711-8025

Insured Name and Mailing Address:

1880 SUPERFINE LANE CONDO ASSN
C/O GOLDSBURG REALTY
2115 CONCORD PIKE STE 200A
WILMINGTON, DE 19803-2965

NFIP Policy Number: 5000599893

Agent/Agency #: 0XG337

Reference #: 70163-23600-000

Phone #: (302)995-2247

NAIC Number: 10111

Processed by:

Flood Service Center
P.O. Box 8695 Kalispell MT 59904-8695

Property Info

Property Location:

1880 SUPERFINE LN
WILMINGTON, DE 19802-4900

Building Description:

Other Residential
Three or More Floors
Walkout Basement
High Rise

Primary Residence: N

Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 10 0028 0068 J

Community Name: WILMINGTON, CITY OF

Grandfathered: No

Post-Firm Construction

Program Type: Regular

Newly Mapped into SFHA:

Elev Diff: 3-

Elevated Building: Y

Includes Addition(s) and Extension(s)

Replacement Cost: \$11,434,301

Number of Units: 43

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	10,750,000	1.210 / .046	1,250	13-	6,970.00	Premium Subtotal:	6,970.00
Contents:						Multiplier:	
Contents Location:						ICC Premium:	12.00
						CRS Discount:	.00
						Reserve Fund Assmt:	1,047.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	2,000.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	10,279.00

THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Refer to www.fema.gov/cost-of-flood for more information about the risk of flooding and how it impacts the cost of flood insurance.



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PRODUCER NAME, CONTACT PERSON AND ADDRESS B&H Insurance, LLC 111 Ruthar Drive Newark, DE 19711	PHONE (A/C, No, Ext): (302) 995-2247	COMPANY NAME AND ADDRESS Harford Mutual Insurance Co. 200 N. Main Street Bel Air, MD 21014-3544	NAIC NO: 14141
Contact name:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
FAX (A/C, No): (302) 995-2220	E-MAIL ADDRESS: insurance@BHI365.com		
CODE:	SUB CODE:	POLICY TYPE Commercial Package	
AGENCY CUSTOMER ID #: 1880SUP-01	LOAN NUMBER 3413059040		POLICY NUMBER 9196283
NAMED INSURED AND ADDRESS 1880 Superfine Lane Condominium Association c/o Goldsborough Realty 2115A Concord Pike Ste 200 Wilmington, DE 19803		EFFECTIVE DATE 6/13/2020	EXPIRATION DATE 6/13/2021
ADDITIONAL NAMED INSURED(S)		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
Loc # 1, Bldg # 1, 1880 Superfine Lane, Wilmington, DE 19802, condo


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COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 11,641,824				DED: 5,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	If YES, LIMIT: 170,000 Actual Loss Sustained; # of months: 12
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?		<input checked="" type="checkbox"/>		
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>		
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>		If YES, LIMIT: 15,000 DED:
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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: DED:
- Demolition Costs		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
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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

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS Quicken Loans Inc, ISAOA P.O. Box 202070 Florence, SC 29502			AUTHORIZED REPRESENTATIVE 

**ADDITIONAL REMARKS SCHEDULE**

AGENCY B&H Insurance, LLC		NAMED INSURED 1880 Superfine Lane Condominium Association c/o Goldsborough Realty 2115A Concord Pike Ste 200 Wilmington, DE 19803	
POLICY NUMBER 9196283		EFFECTIVE DATE: 06/13/2020	
CARRIER Harford Mutual Insurance Co.	NAIC CODE 14141		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:
LOAN #: 3413059040
CLIENT NAME: Gregory Greer
ADDRESS: 1880 Superfine Ln apt 21 Wilmington, DE 19802



Policy Number: 50005998932020

ASSURANT® American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Standard Policy

Type: Renewal

Policy Period: 02/10/2020 To 02/10/2021

Original New Business Effective Date: 02/10/2006

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C/O GOLDSBURG REALTY
2115 CONCORD PIKE STE 200A
WILMINGTON, DE 19803-2965

NFIP Policy Number: 5000599893

Agent/Agency #: 0XG337

Reference #: 70163-23600-000

Phone #: (302)995-2247

NAIC Number: 10111

Processed by:

Flood Service Center
P.O. Box 8695 Kalispell MT 59904-8695

Property Info

Property Location:

1880 SUPERFINE LN
WILMINGTON, DE 19802-4900

Building Description:

Other Residential
Three or More Floors
Walkout Basement
High Rise

Primary Residence: N

Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 10 0028 0068 J

Community Name: WILMINGTON, CITY OF

Grandfathered: No

Post-Firm Construction

Program Type: Regular

Newly Mapped into SFHA:

Elev Diff: 3-

Elevated Building: Y

Includes Addition(s) and Extension(s)

Replacement Cost: \$11,434,301

Number of Units: 43

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
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						HFIAA Surcharge:	250.00
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						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	10,279.00

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Contact name:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
FAX (A/C, No): (302) 995-2220	E-MAIL ADDRESS: insurance@BHI365.com		
CODE:	SUB CODE:	POLICY TYPE Commercial Package	
AGENCY CUSTOMER ID #: 1880SUP-01	LOAN NUMBER 2014010070		POLICY NUMBER 9196283
NAMED INSURED AND ADDRESS 1880 Superfine Lane Condominium Association c/o Goldsborough Realty 2115A Concord Pike Ste 200 Wilmington, DE 19803		EFFECTIVE DATE 6/13/2020	EXPIRATION DATE 6/13/2021
ADDITIONAL NAMED INSURED(S)		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
Loc # 1, Bldg # 1, 1880 Superfine Lane, Wilmington, DE 19802, condo

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:	\$ 11,641,824		DED: 5,000	
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	If YES, LIMIT: 170,000 Actual Loss Sustained; # of months: 12
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?		<input checked="" type="checkbox"/>		
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>		
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>		If YES, LIMIT: 15,000 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: DED:
- Demolition Costs		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: 10,750,000 DED: 1,250
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

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS ServiceMac, LLC ISAOA, ATIMA P.O. Box 29411 Phoenix, AZ 85038			AUTHORIZED REPRESENTATIVE

**ADDITIONAL REMARKS SCHEDULE**

AGENCY B&H Insurance, LLC		NAMED INSURED 1880 Superfine Lane Condominium Association c/o Goldsborough Realty 2115A Concord Pike Ste 200 Wilmington, DE 19803	
POLICY NUMBER 9196283			
CARRIER Harford Mutual Insurance Co.	NAIC CODE 14141	EFFECTIVE DATE: 06/13/2020	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:
Loan # 2014010070
Borrower: Thomas Gallo
1880 Superfine Ln , Unit 8
Wilmington, DE 19802
Property Deductible - \$5,000 Special Form - Replacement Cost Policy
43 Units



Policy Number: 50005998932020

ASSURANT® American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Standard Policy

Type: Renewal

Policy Period: 02/10/2020 To 02/10/2021

Original New Business Effective Date: 02/10/2006

Reinstatement Date:

Form: RCBAP

For payment status, call: (800) 423-4403

These Declarations are effective as of: 02/10/2020 at 12:01 AM

Producer Name and Mailing Address:

B & H INSURANCE
111 RUTHAR DR
NEWARK, DE 19711-8025

Insured Name and Mailing Address:

1880 SUPERFINE LANE CONDO ASSN
C/O GOLDSBURG REALTY
2115 CONCORD PIKE STE 200A
WILMINGTON, DE 19803-2965

NFIP Policy Number: 5000599893

Agent/Agency #: 0XG337

Reference #: 70163-23600-000

Phone #: (302)995-2247

NAIC Number: 10111

Processed by:

Flood Service Center
P.O. Box 8695 Kalispell MT 59904-8695

Property Location:

1880 SUPERFINE LN
WILMINGTON, DE 19802-4900

Building Description:

Other Residential
Three or More Floors
Walkout Basement
High Rise

Primary Residence: N

Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 10 0028 0068 J

Community Name: WILMINGTON, CITY OF

Grandfathered: No

Post-Firm Construction

Program Type: Regular

Newly Mapped into SFHA:

Elev Diff: 3-

Elevated Building: Y

Includes Addition(s) and Extension(s)

Replacement Cost: \$11,434,301

Number of Units: 43

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	10,750,000	1.210 / .046	1,250	13-	6,970.00	Premium Subtotal:	6,970.00
Contents:						Multiplier:	
Contents Location:						ICC Premium:	12.00
						CRS Discount:	.00
						Reserve Fund Assmt:	1,047.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	2,000.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	10,279.00

THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.

Coverage Limitations May Apply. See Your Policy Form for Details.

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Refer to www.fema.gov/cost-of-flood for more information about the risk of flooding and how it impacts the cost of flood insurance.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/26/2020

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 B&H Insurance, LLC 111 Ruthar Drive Newark, DE 19711	PHONE (A/C, No, Ext): (302) 995-2247	COMPANY NAME AND ADDRESS Harford Mutual Insurance Co. 200 N. Main Street Bel Air, MD 21014-3544	NAIC NO: 14141
Contact name:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
FAX (A/C, No): (302) 995-2220	E-MAIL ADDRESS: insurance@BHI365.com		
CODE:	SUB CODE:	POLICY TYPE Commercial Package	
AGENCY CUSTOMER ID #: 1880SUP-01			
NAMED INSURED AND ADDRESS 1880 Superfine Lane Condominium Association c/o Goldsborough Realty 2115A Concord Pike Ste 200 Wilmington, DE 19803	LOAN NUMBER 1420622407	POLICY NUMBER 9196283	
	EFFECTIVE DATE 6/13/2020	EXPIRATION DATE 6/13/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)	THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
Loc # 1, Bldg # 1, 1880 Superfine Lane, Wilmington, DE 19802, condo


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: \$ 11,641,824				DED: 5,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		If YES, LIMIT: 170,000	Actual Loss Sustained; # of months: 12
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?	<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>		If YES, LIMIT: 15,000	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:	DED:
- Demolition Costs	<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
FLOOD (If Applicable)	<input checked="" type="checkbox"/>		If YES, LIMIT: 10,750,000	DED: 1,250
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

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS Weichert Financial SVCS; ISAOA PO Box 961292 Fort Worth, TX 76161			AUTHORIZED REPRESENTATIVE 

**ADDITIONAL REMARKS SCHEDULE**

AGENCY B&H Insurance, LLC		NAMED INSURED 1880 Superfine Lane Condominium Association c/o Goldsborough Realty 2115A Concord Pike Ste 200 Wilmington, DE 19803	
POLICY NUMBER 9196283			
CARRIER Harford Mutual Insurance Co.	NAIC CODE 14141	EFFECTIVE DATE: 06/13/2020	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:
Borrower: Giselle Rodriguez
Location: 1880 Superfine Lane, Wilmington, DE 19802
Loan # 1420622407



Policy Number: 50005998932020

ASSURANT® American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Standard Policy

Type: Renewal

Policy Period: 02/10/2020 To 02/10/2021

Original New Business Effective Date: 02/10/2006

Reinstatement Date:

Form: RCBAP

For payment status, call: (800) 423-4403

These Declarations are effective as of: 02/10/2020 at 12:01 AM

Address Info

Producer Name and Mailing Address:

B & H INSURANCE
111 RUTHAR DR
NEWARK, DE 19711-8025

Insured Name and Mailing Address:

1880 SUPERFINE LANE CONDO ASSN
C/O GOLDSBURG REALTY
2115 CONCORD PIKE STE 200A
WILMINGTON, DE 19803-2965

NFIP Policy Number: 5000599893

Agent/Agency #: 0XG337

Reference #: 70163-23600-000

Phone #: (302)995-2247

NAIC Number: 10111

Processed by:

Flood Service Center
P.O. Box 8695 Kalispell MT 59904-8695

Property Info

Property Location:

1880 SUPERFINE LN
WILMINGTON, DE 19802-4900

Building Description:

Other Residential
Three or More Floors
Walkout Basement
High Rise

Primary Residence: N

Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 10 0028 0068 J

Community Name: WILMINGTON, CITY OF

Grandfathered: No

Post-Firm Construction

Program Type: Regular

Newly Mapped into SFHA:

Elev Diff: 3-

Elevated Building: Y

Includes Addition(s) and Extension(s)

Replacement Cost: \$11,434,301

Number of Units: 43

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	10,750,000	1.210 / .046	1,250	13-	6,970.00	Premium Subtotal:	6,970.00
Contents:						Multiplier:	
Contents						ICC Premium:	12.00
Location:						CRS Discount:	.00
THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.						Reserve Fund Assmt:	1,047.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	2,000.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	10,279.00

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Refer to www.fema.gov/cost-of-flood for more information about the risk of flooding and how it impacts the cost of flood insurance.



Report Claims Immediately by Calling*
1-800-238-6225

*Speak directly with a claim professional
24 hours a day, 365 days a year*

*Unless Your Policy Requires **Written** Notice or Reporting

CONDOMINIUM PAC

CONDO - 13-24 UNITS PER FIRE DIVISION



A Custom Insurance Policy Prepared for:

**1880 SUPERFINE LANE
CONDOMINIUM ASSOCIATION
C/O GOLDSBOROUGH REALTY
2115 CONCORD PIKE
STE 200A
WILMINGTON DE 19803**

Presented by: B + H INSURANCE LLC

Dear Valued Policyholder:

We are excited to inform you about changes to the structure of your commercial general liability (CGL) insurance. We are implementing a new proprietary CGL Coverage Form that will update and further simplify our approach to that coverage. Our new CGL coverage form is more closely aligned with ISO's current CGL coverage form, and it includes numerous provisions previously contained in our proprietary mandatory endorsements and several coverage enhancements that have been provided in our commonly used XTEND™ endorsements. In addition, we have updated many of our CGL endorsements for improved readability and consistency across our portfolio of policy forms.

To complement these CGL policy form changes, we are also transitioning our Liquor Liability (LL) coverage to ISO's current LL coverage form, modified by a proprietary Liquor Liability Amendatory Endorsement. This transition will improve consistency and coordination of CGL and LL coverages.

Your new Travelers CGL policy will contain coverage terms and conditions substantially similar to those in your expiring Travelers CGL policy. Also, in order to make this transition to our new proprietary policy forms as easy as possible for you, we will adjust any claims for CGL coverage under your new policy based upon the terms and conditions of either your expiring policy or your new policy, **whichever are broader**. Likewise, if your expiring policy includes LL coverage and you are renewing that coverage with us, we will adjust any claims for LL coverage under your new policy based upon the terms and conditions of either your expiring policy or your new policy, **whichever are broader**. However, this approach to adjustment of claims for CGL and LL coverage is **subject to the following exceptions**:

- Any differences in the insured locations or insurance schedules, or the identity of named insureds or additional insureds.
- Any reductions in coverage that have been requested by you or your agent or broker or to which you or your agent or broker have agreed during renewal negotiations, or any exposures you have elected to insure elsewhere.
- Any reduction in the amount of the limits of insurance shown in any Declarations or endorsement for your new policy from the amount shown for substantially similar coverage in any Declarations or endorsement for your expiring policy.
- Any increase in the amount of any deductible, self-insured retention, retrospective loss limitation, or coinsurance obligation shown in any Declarations or endorsement for your new policy from the amount shown for substantially similar coverage in any Declarations or endorsement for your expiring policy, or any change from a loss-sensitive to guaranteed-cost rating plan or vice versa.
- Any other exceptions shown below.

We will apply this approach to claims adjusted under your first new Travelers policy. Any claim adjusted under a subsequent Travelers policy will be adjusted based only upon the terms and conditions of that policy.

Please review your expiring and new Travelers policies carefully, retain your expiring policy, and contact your agent or broker if you have any questions about this letter. We appreciate your business and thank you for choosing to insure with us.



COMMON POLICY DECLARATIONS
CONDOMINIUM PAC PLUS
BUSINESS: CONDO - 13-24 U

POLICY NO.: 680-1H395446-19-42
ISSUE DATE: 05/03/2019

INSURING COMPANY:
THE CHARTER OAK FIRE INSURANCE COMPANY

1. NAMED INSURED AND MAILING ADDRESS:

1880 SUPERFINE LANE
CONDOMINIUM ASSOCIATION
C/O GOLDSBOROUGH REALTY
2115 CONCORD PIKE
STE 200A
WILMINGTON DE 19803

2. POLICY PERIOD: From 06/13/2019 to 06/13/2020 12:01 A.M. Standard Time at your mailing address.

3. DESCRIPTION OF PREMISES:

PREM.			ADDRESS
LOC.	BLDG.		(same as Mailing Address unless specified otherwise)
NO.	NO.	OCCUPANCY	1880 SUPERFINE LN
001	001	CONDO	WILMINGTON DE 19802

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

COVERAGE PARTS and SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	COF

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorse - ments for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY
--------	---------------	------------------

DIRECT BILL

7. PREMIUM SUMMARY:

Provisional Premium	\$	18,290.00
Due at Inception	\$	
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER

B + H INSURANCE LLC XG337
111 RUTHAR DR

NEWARK DE 19711

IL TO 19 02 05 (Page 1 of 01)
Office: BALTIMORE, MD DOWN

COUNTERSIGNED BY:

Authorized Representative

DATE: 05/03/2019

RENEWAL CERTIFICATE

COMMON POLICY DECLARATIONS
 CONDOMINIUM PAC PLUS
 BUSINESS: CONDO - 13-24 U

POLICY NO.: 680-1H395446-19-42
ISSUE DATE: 05/03/2019

INSURING COMPANY:
 THE CHARTER OAK FIRE INSURANCE COMPANY

1. NAMED INSURED AND MAILING ADDRESS:

1880 SUPERFINE LANE
 CONDOMINIUM ASSOCIATION
 C/O GOLDSBOROUGH REALTY
 2115 CONCORD PIKE
 STE 200A
 WILMINGTON DE 19803

2. POLICY PERIOD: From 06/13/2019 to 06/13/2020 12:01 A.M. Standard Time at your mailing address.

3. LOCATIONS:

PREM. NO.	BLDG. NO.	OCCUPANCY	ADDRESS (same as Mailing Address unless specified otherwise)
001	001	CONDO	1880 SUPERFINE LN WILMINGTON DE 19802

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

COVERAGE PARTS AND SUPPLEMENTS Businessowners Coverage Part	INSURING COMPANY COF
--	-------------------------

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY
--------	---------------	------------------

DIRECT BILL

7. PREMIUM SUMMARY:

Provisional Premium	\$	18,290.00
Due at Inception	\$	
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER

B + H INSURANCE LLC XG337
 111 RUTHAR DR

NEWARK

DE 19711

COUNTERSIGNED BY:

 Authorized Representative

DATE: 05/03/2019



One Tower Square, Hartford, Connecticut 06183

BUSINESSOWNERS COVERAGE PART DECLARATIONS

CONDOMINIUM PAC PLUS

POLICY NO.: 680-1H395446-19-42

ISSUE DATE: 05/03/2019

INSURING COMPANY:
THE CHARTER OAK FIRE INSURANCE COMPANY

POLICY PERIOD:
From 06-13-19 to 06-13-20 12:01 A.M. Standard Time at your mailing address

FORM OF BUSINESS: CORPORATION

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

COMMERCIAL GENERAL LIABILITY COVERAGE

OCCURRENCE FORM	LIMITS OF INSURANCE
General Aggregate (except Products-Completed Operations Limit)	\$ 2,000,000
Products-completed Operations Aggregate Limit	\$ 2,000,000
Personal and Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Damage to Premises Rented to You	\$ 300,000
Medical Payments Limit (any one person)	\$ 5,000

BUSINESSOWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 5,000 per occurrence.
Building Glass: \$ 5,000 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss subject to a maximum limit of \$ 170,000
Period of Restoration-Time Period: Immediately

ADDITIONAL COVERAGE:
ADDITIONAL COVERAGE:

Fine Arts: \$ 0

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

SPECIAL PROVISIONS:

**COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 001 BUILDING NO.: 001

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING *Replacement Cost	\$ 11,641,824	RC*	N/A	2.0%

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.

POLICY NUMBER: 680-1H395446-19-42

EFFECTIVE DATE: 06/13/2019

ISSUE DATE: 05/03/2019

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS
BY LINE OF BUSINESS

PN U3 20 04 19	LIBERALIZATION LETTER - GENERAL LIABILITY PRODUCT MODERNIZATION
IL T0 19 02 05	COMMON POLICY DECLARATIONS
IL T0 25 08 01	RENEWAL CERTIFICATE
MP T0 01 02 05	BUSINESSOWNERS COVERAGE PART DECLARATIONS
IL T8 01 01 01	FORMS ENDORSEMENTS AND SCHEDULE NUMBERS
IL T3 15 09 07	COMMON POLICY CONDITIONS

BUSINESSOWNERS

MP T1 30 02 05	TABLE OF CONTENTS - BUSINESSOWNERS COVERAGE PART - DELUXE PLAN
MP T1 02 02 05	BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM
MP T1 03 02 05	AMENDATORY PROVISIONS CONDOMINIUM ASSOCIATION COVERAGE
CP 02 99 11 85	CANCELLATION CHANGES
MP T3 25 01 15	FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE
MP T3 49 10 06	BUSINESS INCOME AND EXTRA EXPENSE - POLICY LEVEL DOLLAR LIMIT ENDORSEMENT
MP T3 50 11 06	EQUIPMENT BREAKDOWN - SERVICE INTERRUPTION LIMITATION
MP T3 56 02 08	AMENDATORY PROVISIONS - GREEN BUILDING AND BUSINESS PERSONAL PROP COV ENHANCEMENTS
MP T3 23 08 06	FUNGUS, ROT, BACTERIA AND OTHER CAUSES OF LOSS CHANGES
MP T9 70 03 06	POWER PAC ENDORSEMENT

COMMERCIAL GENERAL LIABILITY

CG T0 07 04 09	DECLARATIONS PREMIUM SCHEDULE
CG T0 08 07 86	KEY TO DECLARATIONS PREMIUM SCHEDULE
CG T0 34 02 19	TABLE OF CONTENTS - COMMERCIAL GENERAL LIABILITY COVERAGE FORM CG T1 00 02 19
CG T1 00 02 19	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG D2 37 02 19	EXCLUSION - REAL ESTATE DEVELOPMENT ACTIVITIES - COMPLETED OPERATIONS
CG D3 09 02 19	AMENDATORY ENDORSEMENT - PRODUCTS-COMPLETED OPERATIONS HAZARD
CG D2 03 12 97	AMEND - NON CUMULATION OF EACH OCC
CG D8 42 02 19	XTEND ENDORSEMENT FOR SMALL BUSINESSES
MP T1 25 11 03	HIRED AUTO AND NON-OWNED AUTO LIABILITY
CG D2 43 01 02	FUNGI OR BACTERIA EXCLUSION
CG D4 21 07 08	AMEND CONTRAL LIAB EXCL - EXC TO NAMED INS
CG D6 18 10 11	EXCLUSION - VIOLATION OF CONSUMER FINANCIAL PROTECTION LAWS
CG D0 76 06 93	EXCLUSION - LEAD
CG D1 42 02 19	EXCLUSION - DISCRIMINATION

POLICY NUMBER: 680-1H395446-19-42

EFFECTIVE DATE: 06/13/2019

ISSUE DATE: 05/03/2019

MULTIPLE SUBLINE ENDORSEMENTS

CG T3 33 11 03 LIMITATION WHEN TWO OR MORE POLICIES APPLY

INTERLINE ENDORSEMENTS

IL T4 12 03 15 AMNDT COMMON POLICY COND-PROHIBITED COVG
IL T4 14 01 15 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL T3 82 05 13 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
IL 00 21 09 08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD
FORM)
IL 01 51 01 12 DELAWARE CHANGES - CIVIL UNION
IL 02 37 04 12 DELAWARE CHANGES - TERMINATION PROVISIONS

POLICY HOLDER NOTICES

PN T4 54 01 08 IMPORTANT NOTICE REGARDING INDEPENDENT AGENT AND
BROKER COMPENSATION
PN MP 38 01 11 IMPORTANT NOTICE - JURISDICTIONAL INSPECTIONS



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/26/2020

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 B&H Insurance, LLC 111 Ruthar Drive Newark, DE 19711	PHONE (A/C, No, Ext): (302) 995-2247	COMPANY NAME AND ADDRESS Harford Mutual Insurance Co. 200 N. Main Street Bel Air, MD 21014-3544	NAIC NO: 14141
Contact name:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
FAX (A/C, No): (302) 995-2220	E-MAIL ADDRESS: insurance@BHI365.com		
CODE:	SUB CODE:	POLICY TYPE Commercial Package	
AGENCY CUSTOMER ID #: 1880SUP-01			
NAMED INSURED AND ADDRESS 1880 Superfine Lane Condominium Association c/o Goldsborough Realty 2115A Concord Pike Ste 200 Wilmington, DE 19803	LOAN NUMBER 0515848703	POLICY NUMBER 9196283	
	EFFECTIVE DATE 6/13/2020	EXPIRATION DATE 6/13/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)	THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY


LOCATION / DESCRIPTION
Loc # 1, Bldg # 1, 1880 Superfine Lane, Wilmington, DE 19802, condo

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: \$ 11,641,824				DED: 5,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		If YES, LIMIT: 170,000	Actual Loss Sustained; # of months: 12
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?	<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>		If YES, LIMIT: 15,000	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:	DED:
- Demolition Costs	<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
FLOOD (If Applicable)	<input checked="" type="checkbox"/>		If YES, LIMIT: 10,750,000	DED: 1,250
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

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS Wells Fargo Bank, N.A. #936, ISAOA P.O. Box 100515 Florence, SC 29502			AUTHORIZED REPRESENTATIVE 

**ADDITIONAL REMARKS SCHEDULE**

AGENCY B&H Insurance, LLC		NAMED INSURED 1880 Superfine Lane Condominium Association c/o Goldsborough Realty 2115A Concord Pike Ste 200 Wilmington, DE 19803	
POLICY NUMBER 9196283			
CARRIER Harford Mutual Insurance Co.	NAIC CODE 14141	EFFECTIVE DATE: 06/13/2020	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:
Borrower Name(s): Brian McCormick
Loan Number: 0515848703
Property Address: 1880 Superfine Ln Unit 7 Wilmington, DE 19802
of Units - 43



Policy Number: 50005998932020

ASSURANT® American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Standard Policy

Type: Renewal

Policy Period: 02/10/2020 To 02/10/2021

Original New Business Effective Date: 02/10/2006

Reinstatement Date:

Form: RCBAP

For payment status, call: (800) 423-4403

These Declarations are effective as of: 02/10/2020 at 12:01 AM

Address Info

Producer Name and Mailing Address:

B & H INSURANCE
111 RUTHAR DR
NEWARK, DE 19711-8025

Insured Name and Mailing Address:

1880 SUPERFINE LANE CONDO ASSN
C/O GOLDSBURG REALTY
2115 CONCORD PIKE STE 200A
WILMINGTON, DE 19803-2965

NFIP Policy Number: 5000599893

Agent/Agency #: 0XG337

Reference #: 70163-23600-000

Phone #: (302)995-2247

NAIC Number: 10111

Processed by:

Flood Service Center
P.O. Box 8695 Kalispell MT 59904-8695

Property Info

Property Location:

1880 SUPERFINE LN
WILMINGTON, DE 19802-4900

Building Description:

Other Residential
Three or More Floors
Walkout Basement
High Rise

Primary Residence: N

Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 10 0028 0068 J

Community Name: WILMINGTON, CITY OF

Grandfathered: No

Post-Firm Construction

Program Type: Regular

Newly Mapped into SFHA:

Elev Diff: 3-

Elevated Building: Y

Includes Addition(s) and Extension(s)

Replacement Cost: \$11,434,301

Number of Units: 43

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	10,750,000	1.210 / .046	1,250	13-	6,970.00	Premium Subtotal:	6,970.00
Contents:						Multiplier:	
Contents						ICC Premium:	12.00
Location:						CRS Discount:	.00
THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.						Reserve Fund Assmt:	1,047.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	2,000.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	10,279.00

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Refer to www.fema.gov/cost-of-flood for more information about the risk of flooding and how it impacts the cost of flood insurance.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/26/2020

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PRODUCER NAME, CONTACT PERSON AND ADDRESS B&H Insurance, LLC 111 Ruthar Drive Newark, DE 19711	PHONE (A/C, No, Ext): (302) 995-2247	COMPANY NAME AND ADDRESS Harford Mutual Insurance Co. 200 N. Main Street Bel Air, MD 21014-3544	NAIC NO: 14141
Contact name:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
FAX (A/C, No): (302) 995-2220	E-MAIL ADDRESS: insurance@BHI365.com		
CODE:	SUB CODE:	POLICY TYPE Commercial Package	
AGENCY CUSTOMER ID #: 1880SUP-01	LOAN NUMBER 0519461743		POLICY NUMBER 9196283
NAMED INSURED AND ADDRESS 1880 Superfine Lane Condominium Association c/o Goldsborough Realty 2115A Concord Pike Ste 200 Wilmington, DE 19803		EFFECTIVE DATE 6/13/2020	EXPIRATION DATE 6/13/2021
ADDITIONAL NAMED INSURED(S)		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
Loc # 1, Bldg # 1, 1880 Superfine Lane, Wilmington, DE 19802, condo


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: \$ 11,641,824				DED: 5,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		If YES, LIMIT: 170,000	Actual Loss Sustained; # of months: 12
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?	<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>		If YES, LIMIT: 15,000	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:	DED:
- Demolition Costs	<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
FLOOD (If Applicable)	<input checked="" type="checkbox"/>		If YES, LIMIT: 10,750,000	DED: 1,250
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

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS Wells Fargo Bank, N.A. #936, ISAOA P.O. Box 100515 Florence, SC 29502			AUTHORIZED REPRESENTATIVE 

**ADDITIONAL REMARKS SCHEDULE**

AGENCY B&H Insurance, LLC		NAMED INSURED 1880 Superfine Lane Condominium Association c/o Goldsborough Realty 2115A Concord Pike Ste 200 Wilmington, DE 19803	
POLICY NUMBER 9196283			
CARRIER Harford Mutual Insurance Co.	NAIC CODE 14141	EFFECTIVE DATE: 06/13/2020	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:
Borrower: Mary & Joshua Harmon
Property Address: 1880 Superfine Ln Unit 35 Wilmington, DE 19802



Policy Number: 50005998932020

ASSURANT® American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Standard Policy

Type: Renewal

Policy Period: 02/10/2020 To 02/10/2021

Original New Business Effective Date: 02/10/2006

Reinstatement Date:

Form: RCBAP

For payment status, call: (800) 423-4403

These Declarations are effective as of: 02/10/2020 at 12:01 AM

Address Info

Producer Name and Mailing Address:

B & H INSURANCE
111 RUTHAR DR
NEWARK, DE 19711-8025

Insured Name and Mailing Address:

1880 SUPERFINE LANE CONDO ASSN
C/O GOLDSBURG REALTY
2115 CONCORD PIKE STE 200A
WILMINGTON, DE 19803-2965

NFIP Policy Number: 5000599893

Agent/Agency #: 0XG337

Reference #: 70163-23600-000

Phone #: (302)995-2247

NAIC Number: 10111

Processed by:

Flood Service Center
P.O. Box 8695 Kalispell MT 59904-8695

Property Info

Property Location:

1880 SUPERFINE LN
WILMINGTON, DE 19802-4900

Building Description:

Other Residential
Three or More Floors
Walkout Basement
High Rise

Primary Residence: N

Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 10 0028 0068 J

Community Name: WILMINGTON, CITY OF

Grandfathered: No

Post-Firm Construction

Program Type: Regular

Newly Mapped into SFHA:

Elev Diff: 3-

Elevated Building: Y

Includes Addition(s) and Extension(s)

Replacement Cost: \$11,434,301

Number of Units: 43

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	10,750,000	1.210 / .046	1,250	13-	6,970.00	Premium Subtotal:	6,970.00
Contents:						Multiplier:	
Contents						ICC Premium:	12.00
Location:						CRS Discount:	.00
THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.						Reserve Fund Assmt:	1,047.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	2,000.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	10,279.00

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Refer to www.fema.gov/cost-of-flood for more information about the risk of flooding and how it impacts the cost of flood insurance.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/26/2020

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PRODUCER NAME, CONTACT PERSON AND ADDRESS B&H Insurance, LLC 111 Ruthar Drive Newark, DE 19711	PHONE (A/C, No, Ext): (302) 995-2247	COMPANY NAME AND ADDRESS Harford Mutual Insurance Co. 200 N. Main Street Bel Air, MD 21014-3544	NAIC NO: 14141
Contact name:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
FAX (A/C, No): (302) 995-2220	E-MAIL ADDRESS: insurance@BHI365.com		
CODE:	SUB CODE:	POLICY TYPE Commercial Package	
AGENCY CUSTOMER ID #: 1880SUP-01			
NAMED INSURED AND ADDRESS 1880 Superfine Lane Condominium Association c/o Goldsborough Realty 2115A Concord Pike Ste 200 Wilmington, DE 19803	LOAN NUMBER	POLICY NUMBER 9196283	
	EFFECTIVE DATE 6/13/2020	EXPIRATION DATE 6/13/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)	THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
Loc # 1, Bldg # 1, 1880 Superfine Lane, Wilmington, DE 19802, condo

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COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 11,641,824				DED: 5,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	If YES, LIMIT: 170,000 Actual Loss Sustained; # of months: 12
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?		<input checked="" type="checkbox"/>		
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>		
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>		If YES, LIMIT: 15,000 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: DED:
- Demolition Costs		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: 10,750,000 DED: 1,250
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

<input checked="" type="checkbox"/> CONTRACT OF SALE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS Wilmington Savings Fund Society, FSB ISAOA PO Box 729 Claymont, DE 19703			AUTHORIZED REPRESENTATIVE



Policy Number: 50005998932020

ASSURANT® American Bankers Insurance Company of Florida

Scottsdale, AZ 85261-4337

Standard Policy

Type: Renewal

Policy Period: 02/10/2020 To 02/10/2021

Original New Business Effective Date: 02/10/2006

Reinstatement Date:

Form: RCBAP

For payment status, call: (800) 423-4403

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Address Info

Producer Name and Mailing Address:

B & H INSURANCE
111 RUTHAR DR
NEWARK, DE 19711-8025

Insured Name and Mailing Address:

1880 SUPERFINE LANE CONDO ASSN
C/O GOLDSBURG REALTY
2115 CONCORD PIKE STE 200A
WILMINGTON, DE 19803-2965

NFIP Policy Number: 5000599893

Agent/Agency #: 0XG337

Reference #: 70163-23600-000

Phone #: (302)995-2247

NAIC Number: 10111

Processed by:

Flood Service Center
P.O. Box 8695 Kalispell MT 59904-8695

Property Info

Property Location:

1880 SUPERFINE LN
WILMINGTON, DE 19802-4900

Building Description:

Other Residential
Three or More Floors
Walkout Basement
High Rise

Primary Residence: N

Premium Payor: Insured

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 10 0028 0068 J

Community Name: WILMINGTON, CITY OF

Grandfathered: No

Post-Firm Construction

Program Type: Regular

Newly Mapped into SFHA:

Elev Diff: 3-

Elevated Building: Y

Includes Addition(s) and Extension(s)

Replacement Cost: \$11,434,301

Number of Units: 43

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	10,750,000	1.210 / .046	1,250	13-	6,970.00	Premium Subtotal:	6,970.00
Contents:						Multiplier:	
Contents						ICC Premium:	12.00
Location:						CRS Discount:	.00
THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.						Reserve Fund Assmt:	1,047.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	2,000.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	10,279.00

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

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