



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
05/30/2013

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 OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

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| AGENCY US ASSURE INSURANCE SERVICES OF FLORIDA, INC. D/B/A INLINK INSURANCE SERVICES P.O. BOX 10610 JACKSONVILLE, FL 32247-0120 | | PHONE (A/C, No, Ext): | COMPANY American Zurich Insurance Company | |
| FAX (A/C, No): | E-MAIL ADDRESS: s.nelson@pointwestins.com | | | |
| CODE: A0070352 | SUB CODE: | | | |
| AGENCY CUSTOMER ID #: | | LOAN NUMBER | | POLICY NUMBER ER05639960 |
| INSURED Diamond Painting Co. KK 406 Kings Way Suisun City, CA 94585 | | EFFECTIVE DATE 05/30/2013 | EXPIRATION DATE 11/30/2013 | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| THIS REPLACES PRIOR EVIDENCE DATED: | | | | |

PROPERTY INFORMATION

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| LOCATION/DESCRIPTION 611 Pacifica Ave Bay ; 351 Marina Rd. and 633 Canal Rd Bay Point, CA 94565 Project #1637 |
| 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 |
|---------------------------------------|---------------------|------------|
| Builders Risk Coverage Form | | \$1,000 |
| Renovations and Improvements | \$225,000 | |
| All Covered Property at all Locations | \$225,000 | |

REMARKS (Including Special Conditions)

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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

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|---|------------|-------------------------------------|--------------------|
| NAME AND ADDRESS Mount Diablo Unified School District 1936 Carlotta Dr Concord, CA 94519 | MORTGAGEE | <input checked="" type="checkbox"/> | ADDITIONAL INSURED |
| | LOSS PAYEE | <input type="checkbox"/> | |
| LOAN # | | | |
| AUTHORIZED REPRESENTATIVE <i>M. Stuart Nelson</i> | | | |