

DATE (MM/DD/YYYY) 03/29/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S),

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be

PRODUCED	es may require an endorsement. A statement on	this certificate does not confer rights to the certificate hol	SUBROGATION IS WAIVED, sub der in lieu of such endorsemer	oject to the terms a nt(s).
Charlie Weston(124636T)		CONTACT NAME: Charlie Weston		11(0)
2707 S 134th Ave Ste 2		PHONE (A/C, NO, EXT): 402-896-6565	FAX (A/C, NO): 402-939-03	93
Omaha	IE 68144-3470	E-MAIL ADDRESS: cweston@farmersagent.co		
INSURED		INSURER(S) AFFORDING	COVERAGE	NAIC#
MOORED		INSURER A: Truck Insurance Exchange	е	21709
KEATS HEATING AND COOL	ING LLC	INSURER B: Farmers Insurance Excha		21652
15412 YOUNG ST		INSURER C: Mid Century Insurance Co		21687
		INSURER D:		21007
BENNINGTON	NE 68007	INSURER E:		
		INSURER F:		
COVERAGES				1

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE 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.

INSR LTR		TYPE OF II	NSURAI	NCE	ADDTL INSD	SUBR WVD	POLICY NU		POLICY EFF (MM/DD/YYYY)	POLICY EXP	JCED BY PAID CLAIMS.		
	×	COMMERCIAL GE							(, 22, 1111)	(MIM/DD/TTT)	EACH OCCURRENCE	\$	1,000,00
	-	CLAIMS-MAI	DE .	OCCUR							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$	100,00
A	-				-						MED EXP (Any one person)	\$	5,00
A	GI	L EN'L AGGREGATE LIN	AIT ADD	LIEC DED.	-		606737487		03/29/2020	03/29/2021	PERSONAL & ADV INJURY	\$	1,000,000
	X	7	DJECT	LOC							GENERAL AGGREGATE	\$	2,000,000
		OTHER:	JILC1	100							PRODUCTS - COMP/OP AGG	\$	2,000,000
	ΔΙ	TOMOBILE LIABILIT	~									\$	
		ANY AUTO	7								COMBINED SINGLE LIMIT (Ea accident)	\$	300,000
Α		OWNED AUTOS		SCHEDULED							BODILY INJURY (Per person)	\$	
^		ONLY HIRED AUTOS		AUTOS	N		606737487	7 03/29/2020 03/29/2021	BODILY INJURY (Per accident)	\$			
	×	ONLY		NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		UMBRELLA LIAB		OCCUR								\$	
		EXCESS LIAB	-	CLAIMS-MADE							EACH OCCURRENCE	\$	
			LENTION								AGGREGATE	\$	
	WC	ORKERS COMPENSA					, , , , , , , , , , , , , , , , , , , ,					\$	
	AN	<b>D EMPLOYERS ' LIAB</b> Y PROPRIETOR/PART	BILITY								PER STATUTE OTHER	\$	
	EXE	CUTIVE OFFICER/M	EMBER	Y/N	N/A						E.L. EACH ACCIDENT	\$	
	If ye	CLUDED? (Mandator) es, describe under DE	y in NH)	ION OF							E.L. DISEASE - EA EMPLOYEE	\$	
	OPI	ERATIONS below									E.L. DISEASE - POLICY LIMIT	\$	
DESCRI	PTIC	ON OF OPERATIONS	/LOCAT	IONS/VEHICLE	S (ACORD	101, Addit	ional Remarks Sched	lule, may be at	tached if more space	e is required)			
CERTIFI	CATI	HOLDER						CANIC					
		Select H	ome V	Varranty				CANCELLAT					
				Way, Unit 40	00			SHOULD AN	Y OF THE ABOVE DE EOF, NOTICE WILL BE	SCRIBED POLICIES E DELIVERED IN ACC	BE CANCELLED BEFORE THE I	EXPI	RATION
								AUTHORIZE	D REPRESENTATIVE	111	- Otici	, no	VI3ION3.

ACORD 25 (2016/03)

Mahwah

NJ 07495



DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S),

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be

	nent. A statement on this certificate does not confer rights to the cert	ate nolder in lieu of such endorsement(s).
Charlie Weston(124636T) 2707 S 134th Ave Ste 2	PHONE (A/C, NO, EXT): 402-896-6565	FAX (A/C, NO): 402-939-0393
Omaha NE 68144-3470	E-MAIL ADDRESS: cweston@farmersag	
NSURED	INSURER(S) AFFOR	DING COVERAGE NAIC #
	INSURER A: Truck Insurance Exc	change 21709
KEATS HEATING AND COOLING LLC	INSURER B: Farmers Insurance E	
15412 YOUNG ST	INSURER C: Mid Century Insuran	
	INSURER D:	21007
BENNINGTON NE 68007	INSURER E:	
OVERAGES	INSURER F:	

CERTIFICATE NUMBER:

**REVISION NUMBER:** 

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EVEL ISSUED AND CONDITIONS AND CO

INSR LTR		TYPE OF I	NSUR	ANCE	ADDTL INSD	SUBR WVD	POLICY NUI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	JCED BY PAID C	LIMITS		
	X	COMMERCIAL GE	NERA	L LIABILITY					(11111)	(WINI/DD/YYYY)	FACULO COLUM		_	
		CLAIMS-MAI	DE	X OCCUR							EACH OCCUP		\$	1,000,000
	-			J GCCOK			L <sub>1</sub>				DAMAGE TO PREMISES (Ea		\$	100,000
Α					-						MED EXP (An	one person)	\$	5,000
	G	EN'L AGGREGATE LIN	ΜΙΤ ΔΕ	DI IEC DED.	-		606737487		03/29/2020	03/29/2021	PERSONAL &	ADV INJURY	\$	1,000,000
	X		OJECT								GENERAL AG	GREGATE	\$	2,000,000
	-	OTHER:	OJECT	LOC							PRODUCTS - 0	COMP/OP AGG	\$	2,000,000
													\$	
	Al	JTOMOBILE LIABILIT ANY AUTO	ſΥ								COMBINED SI (Ea accident)	NGLE LIMIT	\$	300,000
	_	OWNED AUTOS		COLLEGIA							BODILY INJUR	Y (Per person)	\$	
Α		ONLY HIRED AUTOS	X	SCHEDULED AUTOS	N		606737487		03/29/2020	03/29/2021	BODILY INJUR	Y (Per accident)	\$	
	X	ONLY		NON-OWNED AUTOS ONLY							PROPERTY DA (Per accident)	MAGE	\$	
		UMBRELLA LIAB	-	OCCUR									\$	
	_	EXCESS LIAB		CLAIMS-MADE							EACH OCCUR	RENCE	\$	
			TENTIC								AGGREGATE		\$	
	W	ORKERS COMPENSA		514 ¢									\$	
	AN	ID EMPLOYERS ' LIAE Y PROPRIETOR/PART	BILITY					1,2			PER STATUTE	OTHER	\$	
	EXI	ECUTIVE OFFICER/M	EMBE	R	N/A						E.L. EACH ACC	IDENT	\$	
	If y	CLUDED? (Mandator es, describe under DE	y in N SCRIF	H) PTION OF							E.L. DISEASE - I	A EMPLOYEE	\$	
	OP	ERATIONS below									E.L. DISEASE - F	POLICY LIMIT	\$	
DESCR	DTI	211 OF OPER 1712												
DESCR	PIIC	ON OF OPERATIONS,	/LOC	ATIONS/VEHICLE:	S (ACORD 1	01, Addit	ional Remarks Sched	ule, may be at	tached if more space	e is required)				
CEDTIE	CAT	E HOLDER												
-CK HFI	CAI	Nelson [	Deve	lonment				CANCELLAT	ION					
		16605 P						SHOULD AN	Y OF THE ABOVE DE	SCRIBED POLICIES	BE CANCELLED	BEFORE THE	EXPI	RATION

ACORD 25 (2016/03)

Omaha

D ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE** 

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NE 68135



DATE (MM/DD/YYYY) THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). **PRODUCER** CONTACT NAME: Charlie Weston Charlie Weston(124636T) PHONE 2707 S 134th Ave Ste 2 FAX (A/C, NO, EXT): 402-896-6565 (A/C, NO): 402-939-0393 E-MAIL Omaha ADDRESS: NE 68144-3470 cweston@farmersagent.com INSURER(S) AFFORDING COVERAGE INSURED NAIC# INSURER A: Truck Insurance Exchange 21709 KEATS HEATING AND COOLING LLC INSURER B: Farmers Insurance Exchange 21652 INSURER C: 15412 YOUNG ST Mid Century Insurance Company 21687 INSURER D: BENNINGTON **INSURER E:** NE 68007

COVERAGES

CERTIFICATE NUMBER:

**REVISION NUMBER:** 

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INSURER F:

INSR LTR		TYPE OF I	NSUR		ADDTL INSD	SUBR WVD	POLICY NUI		POLICY EFF (MM/DD/YYYY)	POLICY EXP	JCED BY PAIC	CLAIMS.  LIMITS		
	×	COMMERCIAL GE							(1111)	(MM/DD/YYYY)	EACH OCC		\$	1,000,00
	_	CLAIMS-MAI	DE	X OCCUR							DAMAGE TO PREMISES (	O RENTED Ea Occurrence)	\$	100,00
Α					-						MED EXP (A	ny one person)	\$	5,00
^	GI	L EN'L AGGREGATE LIN	ΛΙΤ ΔΕ	DDI IES DED:	-		606737487		03/29/2020	03/29/2021	PERSONAL	& ADV INJURY	\$	1,000,00
	X		DIECT								GENERALA	GGREGATE	\$	2,000,00
		OTHER:	-,								PRODUCTS	- COMP/OP AGG	\$	2,000,000
	AL	TOMOBILE LIABILIT	Υ								COMBINED (Ea accident	SINGLE LIMIT	\$	300,000
		OWNED AUTOS		COLEDINE							BODILY INJU	JRY (Per person)	\$	
Α	_	ONLY HIRED AUTOS	SCHEDULED N 606737487		03/29/2020	03/29/2021	BODILY INJURY (Per accident		\$					
	^	ONLY	_	AUTOS ONLY							PROPERTY (Per acciden		\$	
		UMBRELLA LIAB		OCCUR									\$	
		EXCESS LIAB		CLAIMS-MADE							EACH OCCU		\$	
		DED RET	ENTI	ON\$							AGGREGATE		\$	
		DRKERS COMPENSA DEMPLOYERS ' LIAE									PER		\$	
	AN'	Y PROPRIETOR/PART	NER/	′ Y/N							STATUTE		\$	
	EXE	CUTIVE OFFICER/M CLUDED? (Mandator)	EMBE	R H)	N/A						E.L. EACH AC		\$	
	If ye	es, describe under DE RATIONS below	SCRIE	PTION OF						-	E.L. DISEASE	- EA EMPLOYEE	\$	
	011	ENATIONS DEIOW									E.L. DISEASE	- POLICY LIMIT	\$	
DESCRI	TIC	N OF ODERATIONS	/100											
JESCKII	110	N OF OPERATIONS	LOCA	ATIONS/VEHICLE	S (ACORD 1	101, Addit	ional Remarks Schedu	ule, may be att	ached if more space	e is required)				
CERTIFIC	ATI	HOLDER												
		2-10 Hoi		Buyer Warranty				CANCELLATIO						
		Corporat	te He	eadquarters				DATE THERE	Y OF THE ABOVE DE OF, NOTICE WILL BI	SCRIBED POLICIES E DELIVERED IN AC	BE CANCELL CORDANCE V	ED BEFORE THE I	XPI	RATION

ACORD 25 (2016/03)

13900 E Harvard Ave

Aurora

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CO 80014

**AUTHORIZED REPRESENTATIVE** 



DATE (MM/DD/YYYY)

(A/C, NO): 402-939-0393

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S),

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Omaha NE 68144-3470

E-MAIL cweston@farmersagent.com ADDRESS:

INSURED KEATS HEATING AND COOLING LLC 15412 YOUNG ST

INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Truck Insurance Exchange 21709 INSURER B: Farmers Insurance Exchange 21652 INSURER C: Mid Century Insurance Company 21687 INSURER D:

INSURER E INSURER F

BENNINGTON

COVERAGES

NE 68007

CERTIFICATE NUMBER:

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INSR LTR						ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP			
	×								(, 25, 1111)	(WIW/DD/TTT)	EACH OCCURRENCE	\$	1,000,00
	-	CL	AIMS-MA	DE	OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$	100,00
Α											MED EXP (Any one person)	\$	5,00
	G	EN'L AGGE	REGATE LII	MITAP	PLIES PER:			606737487	03/29/2020	03/29/2021	PERSONAL & ADV INJURY	\$	1,000,000
	X	POLICY		INSTANTABLE   INSD   WVD   POLICY NUMBER   POLICY PEP   MM/DD/YYYY)   LIMITS		2,000,000							
		OTHER:	MERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR  BOORT37487  O3/29/2020  O3/29/2020  O3/29/2021  EACH OCCURRENCE \$ 1,00 M/DD/YYYY)  MED EXP (Any one person) \$ 11 M/DD EXP (Any one person) \$ 10 M/DD EXP (Any one person)					2,000,000					
	AL	1		Υ								\$	300,000
ANY AUTO  OWNED AUTOS ONLY  HIRED AUTOS ONLY  NON-OWNED AUTOS ONLY													
Α		ONLY		×	AUTOS	N		606737487	03/29/2020	03/29/2021	BODILY INJURY (Per accident)	\$	
	_			-									
		UMBREL	LA LIAB		OCCUR			ya				\$	
		EXCESS	JAB								EACH OCCURRENCE	\$	
		DED	RE	TENTIC							AGGREGATE	\$	
	WC	ORKERS CO	MPENSA	TION								\$	
	AN'	Y PROPRIE	TOR/PAR	INFR/	Y/N						OTHER	\$	
	EXE	CUTIVE OF	FICER/M	EMBE	R	N/A					E.L. EACH ACCIDENT	\$	
	If ye	es, describe	under DF	SCRIP	TION OF						E.L. DISEASE - EA EMPLOYEE	\$	
	OPI	ERATIONS	oelow								E.L. DISEASE - POLICY LIMIT	\$	
DESCRI	PTIC	N OF OPE	RATIONS	/LOCA	TIONS /VEHICLES	(ACORD 1	01 4 1 11:						
					, Tarrioles	(ACORD I	o i, Adalt	onal Kemarks Schedule, may be	attached if more space	is required)			
CERTIFIC	CATI	HOLDER						CALLONI	47.4				
		(	Choice I	lome	Warranty			CANCELL	ATION				

1090 King George Post Rd

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Edison

NJ 06837

**AUTHORIZED REPRESENTATIVE** 

ACORD 25 (2016/03)

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# **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 03/29/2020

	ITY INSURANCE IS ISSUED	AS A MATTER	OF INFORM		TIANG			03/29/2020
THIS EVIDENCE OF PROPER ADDITIONAL INTEREST NAM COVERAGE AFFORDED BY	ED BELOW. THIS EVIDENC	E DOES NOT A	FFIRMATIVE	LY OR NE	Y AND CONF	ERS N	O RIGHTS UP	ON THE
COVERAGE AFFORDED BY ISSUING INSURER(S), AUTH	THE POLICIES BELOW. THE	IS EVIDENCE OF	FINSURANC	E DOES N	OT CONSTIT	UTE A	CONTRACT B	LTER THE
	ONE	OR PRODUCER	R, AND THE	ADDITIONA	L INTEREST		OOM TRACT B	I WEEN THE
(A)	C, No, Ext): 402-896-6565		COMPANY					
Charlie Weston(124636T)								
2707 S 134th Ave Ste 2			Truck Insu	rance Exch	ango			
				rance Exch	ange			
Omaha		NE 68144-3470						
FAX (A/C, No): 402-939-0393 E-MAI ADDR	L ESS: cweston@farmersagent.com	12 00111 0470						
CODE:	SUB CODE:							
AGENCY CUSTOMER ID #:	193 0002.							
INSURED			LOANINGE					
KEATS HEATING AND COOLIN	G		LOAN NUMBE	К			POLICY NUMBER	
15412 YOUNG ST					T		606737487	
			EFFECTIV	E DATE	EXPIRATIO	N DATE	CONTU	UED UNTIL
BENNINGTON			03/29/		03/29/2	2021		ATED IF CHECKED
BEIMMINGTON	N	IE 68007	THIS REPLACE	S PRIOR EVID	ENCE DATED:			
PROPERTY INFORMATION			, , , , , , , , , , , , , , , , , , ,					
LOCATION/DESCRIPTION								
15412 YOUNG ST								
BENNINGTON								
								NE 68007
THE POLICIES OF INSURANCE IN NOTWITHSTANDING ANY REQU	ISTED BELOW HAVE BEEN	ISSUED TO THE	INSURED N	AMED ARO	VE FOR THE	DOL 101		
NOTWITHSTANDING ANY REQUEVIDENCE OF PROPERTY INSU	IREMENT, TERM OR CONDIT	TION OF ANY CO	ONTRACT OF	ROTHER D	OCUMENT W	POLIC'	Y PERIOD INDI	CATED.
EVIDENCE OF PROPERTY INSU SUBJECT TO ALL THE TERMS, E	RANCE MAY BE ISSUED OR	MAY PERTAIN, T	THE INSURA	NCE AFFOI	RDED BY THE	POLIC	SPECT TO WH	ICH THIS
	ACLUSIONS AND CONDITIO	NS OF SUCH PO	DLICIES. LIM	IITS SHOW	N MAY HAVE	BEEN	REDUCED BY F	AID CLAIMS
COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL				
	COVERAGE / PERILS /	/ FORMS				4440		
						AMOU	NT OF INSURANCE	DEDUCTIBLE
Business Personal Property						05.00		
						35,000	J	500
								1
REMARKS (Including Special C	onditions)		, , , , , , , , , , , , , , , , , , , ,					
REMARKS (Including Special C	onditions)							
REMARKS (Including Special C	onditions)		-					
REMARKS (Including Special C	onditions)							
REMARKS (Including Special C	onditions)							
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REMARKS (Including Special C	onditions)							
REMARKS (Including Special C	onditions)							
	onditions)							
ANCELLATION		ANOSILES						
ANCELLATION SHOULD ANY OF THE ABOVE I	DESCRIBED POLICIES RE C	ANCELLED BEF	FORE THE E	XPIRATIOI	N DATE THEF	REOF, I	NOTICE WILL I	3E
ANCELLATION SHOULD ANY OF THE ABOVE I DELIVERED IN ACCORDANCE N	DESCRIBED POLICIES RE C	ANCELLED BEF	FORE THE E	XPIRATIOI	N DATE THEF	REOF, I	NOTICE WILL I	3E
ANCELLATION SHOULD ANY OF THE ABOVE I DELIVERED IN ACCORDANCE I DDITIONAL INTEREST	DESCRIBED POLICIES RE C	ANCELLED BEF			N DATE THEF	REOF, I	NOTICE WILL I	3E
ANCELLATION SHOULD ANY OF THE ABOVE I DELIVERED IN ACCORDANCE I DDITIONAL INTEREST	DESCRIBED POLICIES RE C	ANCELLED BEF	FORE THE E		N DATE THEF			-
ANCELLATION SHOULD ANY OF THE ABOVE I DELIVERED IN ACCORDANCE I DDITIONAL INTEREST	DESCRIBED POLICIES RE C	ANCELLED BEF			1			BE SS PAYEE
ANCELLATION SHOULD ANY OF THE ABOVE I DELIVERED IN ACCORDANCE I DDITIONAL INTEREST AME AND ADDRESS	DESCRIBED POLICIES RE C		ADDITIONAL I		1			-
ANCELLATION SHOULD ANY OF THE ABOVE I DELIVERED IN ACCORDANCE I DDITIONAL INTEREST AME AND ADDRESS Time Payment Corp	DESCRIBED POLICIES BE C WITH THE POLICY PROVISION		ADDITIONAL I		1			-
ANCELLATION SHOULD ANY OF THE ABOVE IDELIVERED IN ACCORDANCE OF THE ABOVE OF	DESCRIBED POLICIES BE COMITH THE POLICY PROVISION	LO	ADDITIONAL I MORTGAGEE AN #	NSURED	1			-
ANCELLATION SHOULD ANY OF THE ABOVE IDELIVERED IN ACCORDANCE IN DITIONAL INTEREST AME AND ADDRESS  Time Payment Corp 1600 District Ave, Ste Burlington, MA 01803	DESCRIBED POLICIES BE COMITH THE POLICY PROVISION	LO	ADDITIONAL I	NSURED	1			-
ANCELLATION  SHOULD ANY OF THE ABOVE IDELIVERED IN ACCORDANCE IN DITIONAL INTEREST  AME AND ADDRESS  Time Payment Corp 1600 District Ave, Ste	DESCRIBED POLICIES BE COMITH THE POLICY PROVISION	LO	ADDITIONAL I MORTGAGEE AN #	NSURED	1			-
ANCELLATION SHOULD ANY OF THE ABOVE IDELIVERED IN ACCORDANCE IN DDITIONAL INTEREST  AME AND ADDRESS  Time Payment Corp 1600 District Ave, Ste Burlington, MA 01803 Acct: 45307519	DESCRIBED POLICIES BE COMITH THE POLICY PROVISION	LO	ADDITIONAL I MORTGAGEE AN #	NSURED	LENDER'S LOS	S PAYAB	LE LC	SS PAYEE
ANCELLATION SHOULD ANY OF THE ABOVE IDELIVERED IN ACCORDANCE IN DITIONAL INTEREST AME AND ADDRESS  Time Payment Corp 1600 District Ave, Ste Burlington, MA 01803	DESCRIBED POLICIES BE COMITH THE POLICY PROVISION	LO	ADDITIONAL I MORTGAGEE AN # THORIZED REPP	RESENTATIVE	LENDER'S LOS	S PAYAB	LE LC	-

311851 05/19