ACORD® EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY): 05/20/2025

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: State Farm — Jason Rakos, 270 W 80th Pl, Merrillville, IN 46410 PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS: State Farm Fire and Casualty Company NAIC NO: 25143 IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH
FAX (A/C, No): 2197695332 E-MAIL ADDRESS: carlos.trevino.fx7x@statefarm.com	
CODE: SUB CODE:	POLICY TYPE: BUINESS POLICY PROPERTY COVERAGE
AGENCY CUSTOMER ID #:	
NAMED INSURED AND ADDRESS: JAK13 INC, 4700 BROADWAY, GARY, IN 46408-4508	LOAN NUMBER: 88120868 POLICY NUMBER: 94-AP-B865-2
	EFFECTIVE DATE: 08/11/2024 EXPIRATION DATE: 08/11/2025 [X] 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: 4700 BROADWAY, GARY IN 46408-4508

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: $ 716,700 — DED: 2,500

	YES	NO	N/A	
☒ BUSINESS INCOME ☐ RENTAL VALUE				If YES, LIMIT: ☒ Actual Loss Sustained; # of months:
BLANKET COVERAGE	X			If YES, indicate value(s) reported on property identified above: $
TERRORISM COVERAGE	X			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X		
IS DOMESTIC TERRORISM EXCLUDED?		X		
LIMITED FUNGUS COVERAGE		X		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X		
REPLACEMENT COST	X			
AGREED VALUE		X		
COINSURANCE			X	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)				If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X		If YES, LIMIT: DED:
- Demolition Costs	X			If YES, LIMIT: DED: 2,500
- Incr. Cost of Construction	X			If YES, LIMIT: DED: 2,500
EARTH MOVEMENT (If Applicable)			X	If YES, LIMIT: DED:
FLOOD (If Applicable)			X	If YES, LIMIT: DED:
WIND / HAIL INCL ☐ YES ☐ NO Subject to Different Provisions:		X		If YES, LIMIT: DED:
NAMED STORM INCL ☐ YES ☐ NO Subject to Different Provisions:		X		If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X		

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 ☐ MORTGAGEE

LENDER SERVICING AGENT NAME AND ADDRESS:

NAME AND ADDRESS:
1st Lender's Loss Payable & additional insured
Hanmi Bank/SBA Lending Division
3660 Wilshire Blvd., Suite #1100
Los Angeles, CA 900100
#881120868

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: ____________

LOC #: ____________

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ADDITIONAL REMARKS SCHEDULE

AGENCY JASON RAKOS STATE FARM	**NAMED INSURED** JAK13 INC 4700 BROADWAY GARY IN 46408-4508
POLICY NUMBER 94-AP-B865-2	
CARRIER State Farm Fire and Casualty Company — **NAIC CODE** 25143	**EFFECTIVE DATE:** 08/11/2024

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25178 **FORM TITLE:** EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Dwelling Coverage A	716,700
Fuel and Oil Storage/Dispensing Equipment Included in Coverage A	
Underground Fuel or Oil Storage Tanks	
Business Property Coverage B	145,300
Loss of Income and Extra Expense	12 Months Actual Loss Sustained
Business Liability	1,000,000
Medical Expenses Coverage M	5,000 Any One Person
Damages to Premises Rented to You	300,000
Aggregate Limits	
General Aggregate	2,000,000
Products/Complete Operations Aggregate	2,000,000
Coverage of Perils Include: Wind and Hail coverage	