ACOR	
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 6/29/2016

			6/	29/2016
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENC COVERAGE AFFORDED BY THE POLICIES BELOW. THI ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE O	CE DOES NOT AFFIRMATIVELY OF S EVIDENCE OF INSURANCE DOES	R NEGATIVELY AME S NOT CONSTITUTE	ND, EXTEND O	R ALTER THE
AGENCY PHONE (A/C, No, Ext): 415-403-1400	COMPANY			
Alliant Insurance Services, Inc.	Lexington Insurar	ice Company		
100 Pine Street, 11th Floor San Francisco CA 94111				
FAX (A/C, No): ⁴¹⁵⁻⁸⁷⁴⁻⁴⁸¹⁰ E-MAIL ADDRESS:				
CODE: SUB CODE:				
AGENCY CUSTOMER ID #:				
CUSTOMER ID #:				
CSU, Los Angeles		LOAN NUMBER POLICY NUMBER APIP1617		
ADM Room 301				
5151 State University Drive	EFFECTIVE DATE	EXPIRATION DATE		ED UNTIL
Los Angeles, CA 90032-8570	07/01/2016	07/01/2017	TERMINA	TED IF CHECKED
	THIS REPLACES PRIOR EV	IDENCE DATED:		
PROPERTY INFORMATION	I			
THE POLICIES OF INSURANCE LISTED BELOW HAVE BE NOTWITHSTANDING ANY REQUIREMENT, TERM OR CON EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIO	DITION OF ANY CONTRACT OR OT R MAY PERTAIN, THE INSURANCE A	THER DOCUMENT W	ITH RESPECT T	o which this bed herein is
COVERAGE INFORMATION				
COVERAGE / PERILS /	FORMS	AMOL	JNT OF INSURANCE	DEDUCTIBLE
All Risk Of Direct Physical Loss Or Damage Including Flood At Locations Per Schedule On File With Company		Loss	000,000 Limit Occurrence	See Below
Repair or Replacement Cost Valuation Subject to Policy Provisions			1 000,000 Dec. &	
Subject To Policy Terms, Conditions And Exclusio:	ns	Annua	al Agg	
REMARKS (Including Special Conditions)				
Deductibles: Subject to Scheduled Locations Only All Risk: \$100,000 Per Occurrence Flood: \$250,000 Per Occurrence - Flood Zones A & Evidence of coverage.		- All Other Flood	Zones	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES DELIVERED IN ACCORDANCE WITH THE POLICY PROVIS		EXPIRATION DATE	THEREOF, NOT	ICE WILL BE
NAME AND ADDRESS CSU, Los Angeles	MORTGAGEE	ADDITIONAL INSURE	D	
5151 State University Dr.	LOSS PAYEE			
Los Angeles CA 90032	LOAN #			
AUTHORIZED REPRESENTATIVE				
	01-Y			
R diet from				
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