R	
ACORD	

## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

							6/30/2023	
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE D COVERAGE AFFORDED BY THE POLICIES BELOW. THIS E ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR	OES NOT A	AFFIRMATIVE OF INSURANC	LY OR NEG	ATIVELY AM	END, E	XTEND OR ALT	ER THE	
AGENCY PHONE (A/C, No, Ext): 415-403-1400		COMPANY Berkshire Hathaway Specialty Insurance						
Alliant Insurance Services, Inc. 560 Mission Street, 6th Floor San Francisco, CA 94105								
FAX (A/C, No): 415-874-4810 E-MAIL ADDRESS: vrin@alliant.com								
(A/C, No): 413-674-4610 ADDRESS: VIII@aliant.com								
AGENCY CUSTOMER ID #:								
CUSTOMER ID #: INSURED	LOAN NUMBER POLICY NUMBER							
CSU, Los Angeles						APIP2324		
Corporate Yard (CY) Building, Room 244 5151 State University Drive		EFFECTIVE DATE EXPIRAT			N DATE CONTINUED UNTIL			
Los Angeles, CA 90032		07/01	/2023	07/01/2	2024		ATED IF CHECKED	
		THIS REPLAC	ES PRIOR EVID	ENCE DATED:	-			
PROPERTY INFORMATION								
LOCATION/DESCRIPTION								
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN IS NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR M SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITION	ON OF ANY AY PERTAII	CONTRACT ( N, THE INSUR	OR OTHER I ANCE AFFC	DOCUMENT W	VITH RE E POLIC	ESPECT TO WHI CIES DESCRIBE	CH THIS D HEREIN IS	
COVERAGE INFORMATION PERILS INSURED	BASIC	BROAD	SPECIA	AL X ALL F	RISK			
COVERAGE / PERILS / F	ORMS				AMOL	JNT OF INSURANCE	DEDUCTIBLE	
All Risk Of Direct Physical Loss Or Damage Including Flood At					\$25,00		See Below	
Locations Per Schedule On File With Company Repair or Replacement Cost Valuation Subject to Policy Provisions Subject To Policy Terms, Conditions And Exclusions					Flood	ccurrence 00,000 cc. &		
REMARKS (Including Special Conditions)								
Deductibles: Subject to Scheduled Locations Only All Risk: \$100,000 Per Occurrence Flood: \$2,500,000 Per Occurrence - Flood Zones A & V; \$2,500,00 Evidence of coverage.	0 Per Occui	rrence - All Oth	ner Flood Zo	nes				
CANCELLATION								
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CA DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION		BEFORE TH	EEXPIRATI	ON DATE TH	EREOF	, NOTICE WILL	BE	
ADDITIONAL INTEREST								
NAME AND ADDRESS		ADDITION MORTGA	AL INSURED GEE	LENDER'S L	OSS PAY	ABLE	OSS PAYEE	
CSU, Los Angeles								
5151 State University Dr. Los Angeles, CA 90032		AUTHORIZED REPRESENTATIVE A Juniel J. Howell						
ACOPD 27 (2016/03)							righte record	
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