



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
03/28/2024

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 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.

<b>AGENCY</b> MARSH USA LLC. 200 Public Square, Suite 3760 Cleveland, OH 44114-1824 Attn: cleveland.certrequest@marsh.com; F 212-948-0797		<b>PHONE (A/C, No, Ext):</b>	<b>COMPANY</b> Sompo America Ins. Company	
CN102428120-PROP-B&M-24-25		PROP		
<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b>			
<b>CODE:</b>	<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b>		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> HPRS109200
<b>INSURED</b> KeyCorp and subsidiaries Mail Stop: OH-01-27-0204 Key Tower, 2nd Floor 127 Public Square Cleveland, OH 44114-1306		<b>EFFECTIVE DATE</b> 03/31/2024	<b>EXPIRATION DATE</b> 03/31/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>				

## PROPERTY INFORMATION

**LOCATION/DESCRIPTION**  
EVIDENCE OF COVERAGE FOR PROPERTY, LEASEHOLD IMPROVEMENTS, PLATE GLASS, AND PROPERTY OF OTHERS KEY IS OBLIGATED TO INSURE PER THE TERMS OF A WRITTEN AGREEMENT. COVERAGE APPLIES TO OWNED AND LEASED LOCATIONS OF KEYCORP AND ALL SUBSIDIARIES.

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	AMOUNT OF INSURANCE		DEDUCTIBLE
					COVERAGE / PERILS / FORMS		
ALL RISK PROPERTY LOSS LIMIT: REAL & PERSONAL PROPERTY - REPLACEMENT COST						200,000,000	1,000,000
Business Interruption, Extra Expense, Rental Value - Actual Loss Sustained						25,000,000	1,000,000
(NO COINSURANCE APPLIES): BOILER & MACHINERY						INCLUDED	1,000,000
EARTH MOVEMENT & FLOOD - ANNUAL AGGREGATE, EXCEPT						25,000,000	1,000,000
EARTH MOVEMENT - CA, HI, PUERTO RICO, Deductible 5%, Minimum \$1,000,000						5,000,000	1,000,000
EARTH MOVEMENT - PACIFIC NORTHWEST & NEW MADRID, Deductible 3%, Minimum \$1,000,000						10,000,000	1,000,000
FLOOD - SPECIAL FLOOD HAZARD AREA, Deductible 5%, Minimum \$1,000,000						10,000,000	1,000,000
TERRORISM - CERTIFIED & NON-CERTIFIED						INCLUDED	1,000,000
NAMED WINDSTORM, Deductible 1,000,000; 5% Minimum						INCLUDED	1,000,000
BUILDERS RISK (INCLUDING HARD & SOFT COSTS) - COURSE OF CONSTRUCTION						10,000,000	1,000,000

## REMARKS (Including Special Conditions)

LOSS PAYEE STATUS AUTOMATICALLY APPLIES WHEN REQUIRED UNDER WRITTEN CONTRACT FOR LESSORS OF PREMISES OR EQUIPMENT AS WELL AS MORTGAGEE STATUS FOR MORTGAGEES OF LESSORS OF PREMISES, AND THEIR RESPECTIVE SUCCESSORS AND/OR ASSIGNS, ACCORDING TO THEIR INTERESTS WHEN LOSS OCCURS.

## 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

CLE-007018504-59

<b>NAME AND ADDRESS</b>  KeyCorp and Subsidiaries Mail Stop OH-01-27-0204 Key Tower, 2nd Floor 127 Public Square Cleveland, OH 44114	<input checked="" type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/>	LOSS PAYEE
	<input checked="" type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>			
	LOAN #					
	AUTHORIZED REPRESENTATIVE  <i>Marsh USA LLC</i>					



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> MARSH USA LLC.		<b>NAMED INSURED</b> KeyCorp and subsidiaries Mail Stop: OH-01-27-0204 Key Tower, 2nd Floor 127 Public Square Cleveland, OH 44114-1306	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 27 FORM TITLE: Evidence of Property Insurance**

Other deductibles may apply as per policy terms and conditions.

ADDITIONAL LIMITS/DEDUCTIBLES MAY APPLY PER POLICY TERMS & CONDITIONS:

SECTION VI - CONDITIONS APPLICABLE TO LOSS ADJUSTMENT AND SETTLEMENT

**B. ADJUSTMENT OF LOSSES**

Loss or damage will be adjusted with the First Named Insured and shall be payable as directed in writing by the First Named Insured subject to: mortgageholder; loss payee; lender; or similar interests; as their interests may appear.

Additional insured interests will also be included in loss payment as their interests may appear when named as additional named insured, lender, mortgageholder and/or loss payee on a Certificate of Insurance, Endorsement or Schedule that is validly issued prior to the loss.

When named on a Certificate of Insurance issued by the First Named Insured's broker with the carrier's permission, such additional interests are added to this Policy as their interests may appear when such Certificate of Insurance is issued prior to the loss and on file with the carrier. The effective date of any such interest will be the issue date of the certificate unless a later date is specified on the Certificate of Insurance. The Certificate of Insurance will not amend, extend or alter the terms, conditions, provisions and limits of this Policy.

**N. MORTGAGEHOLDERS**

1. The carrier will pay for covered loss of or damage to buildings or structures to each mortgageholder shown on the Declarations in their order of precedence, as their interests may appear.

2. Any such mortgageholder has the right to receive loss payment even if the mortgageholder has commenced foreclosure or similar action on the building or structure.

3. If the carrier denies the named insured's claim because of the named insured's acts or because the named insured has failed to comply with the terms of this Policy, any such mortgageholder will nevertheless have the right to receive loss payment if such mortgageholder:

- a. Pays the premium due under this Policy at the carrier's request if the named insured has failed to do so;
- b. Submits a signed, sworn proof of loss within 60 days after receiving notice from the carrier of the named insured's failure to do so; and
- c. Has notified the carrier of any change in ownership, occupancy, or substantial change in risk known to the mortgageholder.

All of the terms of this Policy will then apply directly to the mortgageholder.

4. If the carrier pays the mortgageholder for any loss or damage and deny payment to the named insured because of the named insured's acts or because the named insured has failed to comply with the terms of this Policy:

- a. The mortgageholder's rights under the mortgage will be transferred to the carrier to the extent of the amount the carrier pays; and
- b. The mortgageholder's right to recover the full amount of the mortgageholder's claim will not be impaired.

At the carrier's option, the carrier may pay to the mortgageholder the whole principal on the mortgage plus any accrued interest. In this event, the named insured's mortgage and note will be transferred to the carrier and the named insured will pay the named insured's remaining mortgage debt to the carrier.

5. If the carrier cancels this Policy, the carrier will give written notice to the mortgageholder at least:

- a. 10 days before the effective date of cancellation if the carrier cancels for nonpayment of premium; or



**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH USA LLC.		NAMED INSURED KeyCorp and subsidiaries Mail Stop: OH-01-27-0204 Key Tower, 2nd Floor 127 Public Square Cleveland, OH 44114-1306	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 27 FORM TITLE: Evidence of Property Insurance**

b. 30 days before the effective date of cancellation if the carrier cancels for any other reason.

CFMA 180628- 425611

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