



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
07/06/2017

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 Inc. 2325 E. Camelback Road Suite 600 Phoenix, AZ 85016 Attn: Phoenix.CertRequest@marsh.com / Fax: 212-948-4364 CN101360284-CCA-PROP-17-18		<b>PHONE (A/C, No, Ext):</b>	<b>COMPANY</b> Philadelphia Indemnity Insurance Company	
<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b>			
<b>CODE:</b>	<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b> <b>INSURED</b> Cesar Chavez Academies c/o The Leona Group LLC 7878 N. 16th St., Ste.150 Phoenix, AZ 85020		<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> PHPK1677381	
		<b>EFFECTIVE DATE</b> 07/01/2017	<b>EXPIRATION DATE</b> 07/01/2018	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>				

## PROPERTY INFORMATION

**LOCATION/DESCRIPTION**

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				AMOUNT OF INSURANCE	DEDUCTIBLE
	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL			
	COVERAGE / PERILS / FORMS					
All Risk Property						
Buildings				19,703,537		1,000
Business Personal Property				6,137,033		1,000
Business Income / Extra Expense				1,450,000		72 Hours
Other deductibles may apply as per policy terms and conditions.						

## REMARKS (Including Special Conditions)

## 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

 LOS-002025786-10

<b>NAME AND ADDRESS</b> Saginaw Valley State University 7400 Bay Road University Center, MI 48710	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE		
<b>LOAN #</b>			
<b>AUTHORIZED REPRESENTATIVE</b> of Marsh USA Inc. Daniel Ward <i>Daniel Ward</i>			



AGENCY CUSTOMER ID: CN101360284

LOC #: Phoenix



**ADDITIONAL REMARKS SCHEDULE**

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AGENCY Marsh USA Inc.		NAMED INSURED Cesar Chavez Academies c/o The Leona Group LLC 7878 N. 16th St Ste. 150 Phoenix, AZ 85020	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

Coverage: Crime  
Policy #PHPK1677381  
Policy Dates : 7/1/2017 to 7/1/2018  
Carrier Name: Philadelphia Indemnity Insurance Company  
Limits:  
\$500,000 Employee Dishonesty

Coverage : Abuse and Molestation  
Policy #PHPK1677381  
Policy Dates : 7/1/2017 - 7/1/2018  
Carrier Name: Philadelphia Indemnity Insurance Company  
Limits :  
\$1,000,000 Each Occurrence  
\$1,000,000 Aggregate

Coverage: Employment Practices Liability  
Policy #PHPK1677385  
Policy Dates: 7/1/2017 - 7/1/2018  
Carrier Name: Philadelphia Indemnity Insurance Company  
Limits:  
\$1,000,000 Each Claim  
\$2,000,000 Aggregate  
\$25,000 Retention