



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/2/2026

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.

AGENCY Noel Selewski Agency Inc 15206 Mack Ave Grosse Pointe Park Michigan 48230		PHONE (A/C, No, Ext): (313) 886-6857	COMPANY Spinnaker Specialty Insurance Company	
FAX NONE (A/C, No)	E-MAIL nselewski@noelselewskiagency.com			
ADDRESS:				
CODE:	SUB CODE:			
AGENCY CUSTOMER ID#:		LOAN NUMBER		POLICY NUMBER Q0333PR000001-00
INSURED Loyd Holdings, LLC 4101 Ravenswood Road 315 Fort Lauderdale Florida 33312		EFFECTIVE DATE 1/2/2026	EXPIRATION DATE 1/2/2027	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Location Number: 68 400 N Beadle Dr Carbondale Illinois 62901 Property ID: 0043515-0068	Investment Property
<p>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.</p>	

COVERAGE INFORMATION

PERILS INSURED	BASIC	BROAD	SPECIAL	<input checked="" type="checkbox"/>
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COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building	\$432,000	\$5,000
Loss of Rents	\$15,000	
Other Structure	\$0	
Contents	\$0	
Theft & Vandalism/Malicious Mischief	\$30,000	\$5,000
Wind/Hail	\$432,000	2% of TIV, \$5,000 minimum
Named Windstorm	\$432,000	2% of TIV, \$5,000 minimum
Ordinance Law - Coverage A	Excluded	
Ordinance Law - Coverage B	Excluded	
Ordinance Law - Coverage C	Excluded	
Special Form Coverage		
Replacement Cost Value		

REMARKS (Including Special Conditions)

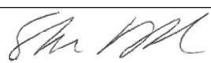
ANNUAL LOCATION COST: \$3,740.67

*This is a monthly reporting form policy. This location will be added to your inventory report. If you do not close or if your closing is delayed, please notify us immediately so you are not billed for this property. **Cost is inclusive of premium, taxes, dues and any other applicable fees. Group policy issued to Connected Investors Real Estate Insurance Services, LLC, 5550 Wild Rose Lane #400, West Des Moines, IA 50266

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

	<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			

**MASTER/GROUP POLICY EVIDENCE OF INSURANCE
TERRORISM AND POLITICAL VIOLENCE**

Evidence No: B1164A256000-TPV-1001

THIS DOCUMENT (EVIDENCE OF INSURANCE) IS ISSUED FOR INFORMATION ONLY. IT DOES NOT CONSTITUTE A LEGAL CONTRACT OF INSURANCE. THIS EVIDENCE IS FURNISHED IN ACCORDANCE WITH, AND IN ALL RESPECTS IS SUBJECT TO, THE TERMS OF THE MASTER/GROUP POLICY. THIS EVIDENCE REPLACES ANY OTHER EVIDENCE PREVIOUSLY ISSUED COVERING THE INSURANCE DESCRIBED HEREIN.

This document is to notify the person(s) named below (the "Covered Party") that the following insurance has been effected with *Lloyd's Underwriters* (the "Underwriters") under a Master/Group Policy (the "Master Policy") issued to the Master/Group Policyholder (the "Master Policyholder") bearing the Master Policy Reference shown below.

The original Master Policy document may be inspected at the offices of the Master Policyholder and a copy is available via the link provided by the Administrator or on request to the Master Policyholder. The respective names of and proportions underwritten by the Underwriters can be ascertained from the office of the Master Policyholder.

The relevant terms of coverage provided under the Master Policy are set out under the Insurance Policy Wording of the Master Policy.

1. Covered Party: **Loyd Holdings, LLC**
Address: **400 N Beadle Dr**
Carbondale Illinois 62901
Property #: **0043515-0068**

2. a) Name and address of Master Policyholder
Connected Investors Real Estate Insurance Services
5550 Wild Rose Lane, Suite 400
West Des Moines IA 50266
Tel: 816-398-4080 Email: info@reinsurepro.com

b) Name and address of Administrator:
REInsurePro
11500 N Ambassador Dr, Ste 310
Kansas City, MO 64153
Tel: 816-398-4080 Email: info@reinsurepro.com

3. Master Policy Reference: **B1164A256000**
Issued under Contract Reference: B1164A256000

4. Period of Cover: Effective Date: **1/2/2026** Expiry Date: **1/2/2027** Both days inclusive

5. Limit of Liability/Sum Insured: **\$447,000**

6. Deductible: **\$2,500**

7. Premium: **48.00**
Tax (if applicable): **5.76**
Total Premium plus Tax: **53.76**

8. Master Policyholder Remuneration: **Nil**

9. Who to contact in the event you wish to notify a claim:

In the event of a claim or any circumstances likely to give rise to a claim, you must give notice within 14 days to:

REInsurePro
11500 N Ambassador Dr, Ste 310, Kansas City, MO 64153
Tel: 816-398-4080 Ext. 5 Email: claims@reinsurepro.com

10. Who to contact in the event you wish to make a complaint:
If you wish to make a complaint you should contact:

Lloyd's America, Inc. Attention: Legal department
280 Park Avenue
East Tower, 25th Floor
New York, NY 10017

11. Who to contact in the event you have any other enquiries:

REInsurePro
11500 N Ambassador Dr, Ste 310
Kansas City, MO 64153
Tel: 816-398-4080 Ext. 5 Email: info@reinsurepro.com

12. Cancellation: Cancellation is effective on the 1st of the month following the month you advise you wish to cancel coverage by notifying:

- your agent or client service advisor,
- the Administrator using the contact details under 2b) above, or
- using the client service portal.

Date of issuance: **1/2/2026**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/2/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Noel Selewski Agency Inc 15206 Mack Ave Grosse Pointe Park Michigan 48230	CONTACT NAME: PHONE (A/C, No, Ext): 313-886-6857 FAX (A/C, No): NONE E-MAIL ADDRESS: nselewski@noelselewskiagency.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Spinnaker Specialty Insurance Company	NAIC # 17045
INSURED Loyd Holdings, LLC 4101 Ravenswood Road 315 Fort Lauderdale Florida 33312 ACCOUNT NUMBER: REIP0043515	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			Q0333GL000001-00	1/2/2026	1/2/2027	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	<input checked="" type="checkbox"/> \$0 DEDUCTIBLE						MED EXP (Any one person)	\$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:						PERSONAL & ADV INJURY	Excluded
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / N	<input type="checkbox"/> N / A				PER STATUTE	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Location Number: 68
 400 N Beadle Dr
 Carbondale, Illinois 62901

Property ID: 0043515-0068

CERTIFICATE HOLDER**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.

AUTHORIZED REPRESENTATIVE

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