



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

October 10, 2019

Dodd Camera
2840 W ARMITAGE AVE
CHICAGO IL 60647-3970

Account Information:

| | |
|--------------------------------|-----------------------|
| Policy Holder Details : | TRUE PRODUCTIONS, LLC |
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Contact Us

Business Service Center

Business Hours: Monday - Friday
(7AM - 7PM Central Standard Time)

Phone: (866) 467-8730

Fax: (888) 443-6112

Email: agency.services@thehartford.com

Website: <https://business.thehartford.com>

Enclosed please find a Evidence Of Property for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/10/2019

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 KAMM INSURANCE GROUP INC/PHS 7N024 MEDINAH ROAD MEDINAH IL 60157 | PHONE (AC,NO, EXT): (866) 467-8730 | COMPANY SENTINEL INSURANCE COMPANY LTD. |
| FAX (A/C, NO): (888) 443-6112 | E-MAIL ADDRESS: | |
| CODE: 83552622 | SUB CODE: | |
| AGENCY CUSTOMER ID #: | | |
| INSURED TRUE PRODUCTIONS, LLC 1700 W HUBBARD SUITE 2S CHICAGO IL 60622 | LOAN NUMBER | POLICY NUMBER 83 SBA PS0543 |
| | EFFECTIVE DATE 06/15/2019 | EXPIRATION DATE 06/15/2020 |
| | | CONTINUED UNTILL TERMINATED IF CHECKED <input type="checkbox"/> |
| THIS REPLACES PRIOR EVIDENCE DATED: | | |

PROPERTY INFORMATION

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| LOCATION/DESCRIPTION Location: 2 , Building: 1 Website Design & Development Services 1700 W HUBBARD SUITE 2S CHICAGO IL 60622-6214 |
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THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING 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 | X | AMOUNT OF INSURANCE | DEDUCTIBLE |
|--|-----------------------|-------|-------|---------|---|--|----------------------------------|
| | COVERAGE/PERILS/FORMS | | | | | | |
| Policy Coverages: Business Income with Extra Expense Equipment Breakdown Coverage | | | | | | | |
| Location Level Coverages: Business Personal Property - Replacement Cost Computers and Media Coverage Camera Equipment Limit | | | | | | \$21,900.00 \$35,000.00 \$60,695 | \$500.00 \$250.00 \$250.00 |

REMARKS (Including Special Conditions)

Lease Rental Equipment Coverage extends throughout our coverage territory. RE: Loss Payee regarding Miscellaneous Rented Equipment under Camera Equipment Limit.

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

| | | | | |
|---|--------------------|-----------------------|-------------------------------------|------------|
| NAME AND ADDRESS DODD CAMERA 2840 W ARMITAGE AVE CHICAGO IL 60647-3970 | ADDITIONAL INSURED | LENDER'S LOSS PAYABLE | <input checked="" type="checkbox"/> | LOSS PAYEE |
| | MORTGAGEE | | | |
| LOAN# | | | | |
| AUTHORIZED REPRESENTATIVE <i>Susan L. Castaneda</i> | | | | |