

Policy Number: **BBP0012961-01**Date Entered: **3/16/2021****EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**DATE (MM/DD/YYYY)
3/16/2021

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS BULLDOG INSURANCE, INC. 713 Forest Parkway SUITE # B FOREST PARK, GA 30297		PHONE (A/C, No, Ext): (404) 361-2075	COMPANY NAME AND ADDRESS General Casualty Company of Wisconsin	NAIC NO: 24414
FAX (A/C, No): (404) 361-8525	E-MAIL ADDRESS:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE Businessowners	
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER BBP0012961-01
NAMED INSURED AND ADDRESS Devis Inc DBA Valero Food Mart 1080 Jodeco Rd Stockbridge, GA 30281		EFFECTIVE DATE 02/28/2021		EXPIRATION DATE 02/28/2022
ADDITIONAL NAMED INSURED(S)		CONTINUED UNTIL TERMINATED IF CHECKED		
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☐ **BUILDING** OR ☐ **BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION Location Address: 1080 Jodeco Rd, Stockbridge, GA 30281. The Certificate Holder is Listed As Second Mortgagee and/or Lender's Loss Payable. 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.
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COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	<input checked="" type="checkbox"/> Building+BPP
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$615,900		DED: \$ 1,000			
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A	If YES, LIMIT: Actual Loss Sustained; # of months:			
BLANKET COVERAGE		If YES, indicate value(s) reported on property identified above: \$			
TERRORISM COVERAGE		Attach Disclosure Notice / DEC			
IS THERE A TERRORISM-SPECIFIC EXCLUSION?					
IS DOMESTIC TERRORISM EXCLUDED?					
LIMITED FUNGUS COVERAGE		If YES, LIMIT: DED:			
FUNGUS EXCLUSION (If "YES", specify organization's form used)					
REPLACEMENT COST					
AGREED VALUE					
COINSURANCE		If YES, %			
EQUIPMENT BREAKDOWN (If Applicable)		If YES, LIMIT: DED:			
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		If YES, LIMIT: DED:			
- Demolition Costs		If YES, LIMIT: DED:			
- Incr. Cost of Construction		If YES, LIMIT: DED:			
EARTH MOVEMENT (If Applicable)		If YES, LIMIT: DED:			
FLOOD (If Applicable)		If YES, LIMIT: DED:			
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		If YES, LIMIT: DED:			
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		If YES, LIMIT: DED:			
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS					

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		LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/>		LENDER SERVING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> CONTRACT OF SALE	<input checked="" type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS Capital Partners and U.S. Small Business Administration, ISAOA/ATIMA 6445 Powers Ferry Road, Suite 210 Atlanta, GA 30339		AUTHORIZED REPRESENTATIVE X Azfar Haque		

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**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

2/11/2021

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	BULLDOG INSURANCE, INC. 713 Forest Parkway SUITE # B FOREST PARK, GA 30297	CONTACT NAME: Azfar Haque PHONE (A/C, No, Ext): (404) 361-2075 FAX (A/C, No): (404) 361-8525 E-MAIL ADDRESS:
		INSURER(S) AFFORDING COVERAGE INSURER A: General Casualty Company of Wisconsin INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED	DEVIS INC DBA VALERO FOOD MART 1080 JODECO RD STOCKBRIDGE, GA 30281	NAIC #

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BBP0012961-01	02/28/2021	02/28/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liabil \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Building Pumps/Canopy			BBP0012961-01	02/28/2021	02/28/2022	DED \$1,000 \$ 555,900
A	BPP			BBP0012961-01	02/28/2021	02/28/2022	DED \$1,000 \$ 60,000

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

Location Address: 1080 JODECO RD STOCKBRIDGE, GA 30281.

Certificate Holder Is Listed As SECOND MORTGAGEE and/or LENDER'S LOSS PAYABLE.

CERTIFICATE HOLDER**CANCELLATION**

Capital Partners and
U.S. Small Business Administration, ISAOA/ATIMA
6445 Powers Ferry Road, Suite 210
Atlanta, GA 30339

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

Azfar Haque



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/07/2020

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 NATIONAL INSURANCE GROUP LLC 5725 BUFORD HWY NE STE 113 DORAVILLE, GA 30340	PHONE (A/C, No, Ext): (888) 661-3938	COMPANY TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA ONE TOWER SQUARE HARTFORD, CT 06183
FAX (A/C, No): (877) 872-7604	E-MAIL ADDRESS: service.center@travelers.com	
CODE: X9G75	SUB CODE: 700	
AGENCY CUSTOMER ID #: 1533V7221		
INSURED BRANVEX MANAGEMENT LLC 2144 BRIARLAKE TRCE NE ATLANTA, GA 30345		LOAN NUMBER POLICY NUMBER 680-9M118209-20
		EFFECTIVE DATE 11/26/2020
		EXPIRATION DATE 11/26/2021
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION
1071 JODECO RD
STOCKBRIDGE, GA 30281

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	X	SPECIAL	AMOUNT OF INSURANCE	DEDUCTIBLE
BUILDING - SPECIAL						\$1,406,080	\$1,000

REMARKS (Including Special Conditions)

IN THE EVENT ANY NOTICE(S) IS (ARE) REQUIRED, PURSUANT TO THE POLICY TERMS, BY STATUTE, OR OTHERWISE, TO BE SENT TO THE ADDITIONAL INTEREST LISTED BELOW, NOTICE TO CAPITAL PARTNERS CERTIFIED AT THE ADDRESS LISTED BELOW SHALL FOR ALL PURPOSES CONSTITUTE NOTICE TO THE ADDITIONAL INTEREST.

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 CAPITAL PARTNERS CERTIFIED DEV CO AND US SMALL BUSINESS ADMIN ISAOA/ATIMA 6445 POWERS FERRY RD, STE 210 ATLANTA, GA 30339	ADDITIONAL INSURED MORTGAGEE	LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> LOSS PAYEE
LOAN #		
AUTHORIZED REPRESENTATIVE 		



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/07/2020

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FAX (A/C, No): (877) 872-7604	E-MAIL ADDRESS: service.center@travelers.com	
CODE: X9G75	SUB CODE: 700	
AGENCY CUSTOMER ID #: 1533V7221		
INSURED BRANVEX MANAGEMENT LLC 2144 BRIARLAKE TRCE NE ATLANTA, GA 30345	LOAN NUMBER	POLICY NUMBER 680-9M118209-20
	EFFECTIVE DATE 11/26/2020	EXPIRATION DATE 11/26/2021
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION
1071 JODECO RD
STOCKBRIDGE, GA 30281

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COVERAGE INFORMATION

PERILS INSURED BASIC BROAD X SPECIAL

COVERAGE/PERILS/FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

BUILDING - SPECIAL

\$1,406,080

\$1,000

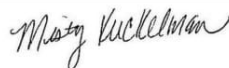
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CANCELLATION

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ADDITIONAL INTEREST

NAME AND ADDRESS CAPITAL PARTNERS CERTIFIED DEV CO AND US SMALL BUSINESS ADMIN ISAOA/ATIMA 6445 POWERS FERRY RD, STE 210 ATLANTA, GA 30339	ADDITIONAL INSURED MORTGAGEE	LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> LOSS PAYEE
LOAN #		
AUTHORIZED REPRESENTATIVE 		



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

3/16/2021

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AGENCY BULLDOG INSURANCE, INC. 713 Forest Parkway SUITE # B FOREST PARK, GA 30297	PHONE (A/C, No, Ext): (404) 361-2075	COMPANY General Casualty Company of Wisconsin
FAX (A/C, No): (404) 361-8525	E-MAIL ADDRESS:	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED Devis Inc DBA Valero Food Mart 1080 Jodeco Rd Stockbridge, GA 30281	LOAN NUMBER	POLICY NUMBER BBP0012961-01
	EFFECTIVE DATE 02/28/2021	EXPIRATION DATE 02/28/2022
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION Location Address: 1080 Jodeco Rd, Stockbridge, GA 30281. The Certificate Holder is Listed As Second Mortgagee and/or Lender's Loss Payable.
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	<input checked="" type="checkbox"/>
COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE			
Building (1+2+3)	\$ 555,900	\$ 1,000			
Business Personal Property	\$ 60,000	\$ 1,000			
Outdoor Signs	\$ 10,000	\$ 500			

REMARKS (Including Special Conditions)

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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 Capital Partners and U.S. Small Business Administration, ISAOA/ATIMA 6445 Powers Ferry Road, Suite 210 Atlanta, GA 30339	<input checked="" type="checkbox"/> ADDITIONAL INSURED MORTGAGEE	<input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	LOAN #		
	AUTHORIZED REPRESENTATIVE X Azfar Haque		

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

3/16/2021

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FAX (A/C, No): (404) 361-8525	E-MAIL ADDRESS:	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED Devis Inc DBA Valero Food Mart 1080 Jodeco Rd Stockbridge, GA 30281	LOAN NUMBER	POLICY NUMBER BBP0012961-01
	EFFECTIVE DATE 02/28/2021	EXPIRATION DATE 02/28/2022
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
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PROPERTY INFORMATION

LOCATION/DESCRIPTION Location Address: 1080 Jodeco Rd, Stockbridge, GA 30281. The Certificate Holder is Listed As Second Mortgagee and/or Lender's Loss Payable.
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COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL	<input checked="" type="checkbox"/>
	COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE		
	Building (1+2+3)	\$ 555,900	\$ 1,000		
	Business Personal Property	\$ 60,000	\$ 1,000		
	Outdoor Signs	\$ 10,000	\$ 500		

REMARKS (Including Special Conditions)

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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 Capital Partners and U.S.Small Business Administration,ISAOA/ATIMA 6445 Powers Ferry Road, Suite 210 Atlanta, GA 30339	<input checked="" type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE LOAN #	<input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
AUTHORIZED REPRESENTATIVE X Azfar Hague		

Policy Number: **BBP0012961-01**Date Entered: **3/16/2021****EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**DATE (MM/DD/YYYY)
3/16/2021

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PRODUCER NAME, CONTACT PERSON AND ADDRESS BULLDOG INSURANCE, INC. 713 Forest Parkway SUITE # B FOREST PARK, GA 30297		PHONE (A/C, No, Ext): (404) 361-2075	COMPANY NAME AND ADDRESS General Casualty Company of Wisconsin		NAIC NO: 24414
FAX (A/C, No): (404) 361-8525		E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE Businessowners		
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER BBP0012961-01	
NAMED INSURED AND ADDRESS Devis Inc DBA Valero Food Mart 1080 Jodeco Rd Stockbridge, GA 30281		EFFECTIVE DATE 02/28/2021		EXPIRATION DATE 02/28/2022	CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☐ **BUILDING** OR ☐ **BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION
Location Address: **1080 Jodeco Rd, Stockbridge, GA 30281.**

The Certificate Holder is Listed As Second Mortgagee and/or Lender's Loss Payable.

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COVERAGE INFORMATION PERILS INSURED BASIC ☐ BROAD ☒ SPECIAL ☒ **Building+BPP**

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$615,900		DED: \$ 1,000	
	YES	NO	N/A
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<input checked="" type="checkbox"/>	
BLANKET COVERAGE		<input checked="" type="checkbox"/>	If YES, LIMIT: Actual Loss Sustained; # of months:
TERRORISM COVERAGE		<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>		
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>		
REPLACEMENT COST		<input checked="" type="checkbox"/>	
AGREED VALUE		<input checked="" type="checkbox"/>	
COINSURANCE		<input checked="" type="checkbox"/>	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
- Demolition Costs		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>	

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"/> CONTRACT OF SALE <input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> MORTGAGEE	
NAME AND ADDRESS Capital Partners and U.S. Small Business Administration, ISAOA/ATIMA 6445 Powers Ferry Road, Suite 210 Atlanta, GA 30339	AUTHORIZED REPRESENTATIVE X Azfar Haque

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Policy Number: **BBP0012961-01**Date Entered: **3/16/2021****EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**DATE (MM/DD/YYYY)
3/16/2021

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS BULLDOG INSURANCE, INC. 713 Forest Parkway SUITE # B FOREST PARK, GA 30297		PHONE (A/C, No, Ext): (404) 361-2075	COMPANY NAME AND ADDRESS General Casualty Company of Wisconsin	NAIC NO: 24414
FAX (A/C, No): (404) 361-8525	E-MAIL ADDRESS:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE Businessowners	
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER BBP0012961-01
NAMED INSURED AND ADDRESS Devis Inc DBA Valero Food Mart 1080 Jodeco Rd Stockbridge, GA 30281		EFFECTIVE DATE 02/28/2021		EXPIRATION DATE 02/28/2022
ADDITIONAL NAMED INSURED(S)		CONTINUED UNTIL TERMINATED IF CHECKED		<input type="checkbox"/>
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☐ **BUILDING** OR ☐ **BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION Location Address: 1080 Jodeco Rd, Stockbridge, GA 30281. The Certificate Holder is Listed As Second Mortgagee and/or Lender's Loss Payable. 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	<input checked="" type="checkbox"/> SPECIAL	<input checked="" type="checkbox"/> Building+BPP
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$615,900		DED: \$ 1,000			
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A	IF YES, LIMIT: Actual Loss Sustained; # of months:			
BLANKET COVERAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	IF YES, indicate value(s) reported on property identified above: \$			
TERRORISM COVERAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Attach Disclosure Notice / DEC			
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
IS DOMESTIC TERRORISM EXCLUDED?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
LIMITED FUNGUS COVERAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	IF YES, LIMIT: DED:			
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
REPLACEMENT COST	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				
AGREED VALUE	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				
COINSURANCE	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	IF YES, %			
EQUIPMENT BREAKDOWN (If Applicable)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	IF YES, LIMIT: DED:			
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	IF YES, LIMIT: DED:			
- Demolition Costs	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	IF YES, LIMIT: DED:			
- Incr. Cost of Construction	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	IF YES, LIMIT: DED:			
EARTH MOVEMENT (If Applicable)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	IF YES, LIMIT: DED:			
FLOOD (If Applicable)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	IF YES, LIMIT: DED:			
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	IF YES, LIMIT: DED:			
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	IF YES, LIMIT: DED:			
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				

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		LENDER SERVING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> CONTRACT OF SALE <input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE		
<input checked="" type="checkbox"/> MORTGAGEE		
NAME AND ADDRESS Capital Partners and U.S.Small Business Administration,ISAOA/ATIMA 6445 Powers Ferry Road, Suite 210 Atlanta, GA 30339		AUTHORIZED REPRESENTATIVE X Azfar Haque

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