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.

THE COVERAGE AFFORDED BY THE POLICIES BELOW. THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE						UTE A CONTRACT BETWEEN			
PRODUCER NAME, CONTACT PERSON AND ADDRESS PHONE (A/C, No, Ext): (404) 361-2075				COMPANY NAME AND ADDRE	SS	NAIC NO:24414			
BULLDOG INSURANCE, INC. 713 Forest Parkway SUITE # B FOREST PARK, GA 30297	General Casualty Company of Wisconsin								
FAX (A/C, No): (404) 361-8525 E-MAIL ADDRESS:				IF MULTIPLE	COMPANIES, COMPLETE SE	EPARATE FORM FOR EACH			
CODE: SUB CODE:				POLICY TYPE					
AGENCY CUSTOMER ID #:				Businessowners					
NAMED INSURED AND ADDRESS Devis Inc				LOAN NUMBER	(F	POLICY NUMBER			
DBA Valero Food Mart					B	BP0012961-01			
1080 Jodeco Rd Stockbridge, GA 30281				EFFECTIVE DATE EXPIRATION DATE CONTINUED UNTIL					
				02/28/2021	0 <mark>2/28/202</mark> 2	TERMINATED IF CHECKED			
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVID	ENCE DATED:				
PROPERTY INFORMATION (ACORD 101 may be attached if	mor	e sp	ace	is required) 🗆 BUILI	OING OR BUSIN	IESS PERSONAL PROPERTY			
LOCATION/DESCRIPTION Location Address: 1080 Jodeco Rd, Stockbridge	_ •								
The Certificate Holder is Listed As Second Mo									
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OBE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	THE	R DO	DES	MENT WITH RESPECT TO V	HICH THIS EVIDENCE (OF PROPERTY INSURANCE MAY			
COVERAGE INFORMATION PERILS INSURED	BAS	SIC		BROAD X SPECIA	$igspace igwedge eta$ Building \cdot				
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$6	15	, 90	0			DED:\$ 1,000			
_	YES	NO	N/A		Г				
BUSINESS INCOME RENTAL VALUE	<u> </u>	$\langle \rangle$		If YES, LIMIT:	2 222	ual Loss Sustained; # of months:			
BLANKET COVERAGE		$\langle \rangle$		If YES, indicate value(s) rep		d above: \$			
TERRORISM COVERAGE	$\overline{}$	X		Attach Disclosure Notice / D	EC				
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	X								
IS DOMESTIC TERRORISM EXCLUDED?	⊢	\Diamond		KAKEO LIMIT		DED.			
LIMITED FUNGUS COVERAGE	\vdash	Δ		If YES, LIMIT:		DED:			
FUNGUS EXCLUSION (If "YES", specify organization's form used) REPLACEMENT COST									
AGREED VALUE	⊢		\Diamond						
COINSURANCE	\vdash		\Diamond	If YES, %					
EQUIPMENT BREAKDOWN (If Applicable)	\vdash	\vee	\wedge	If YES, LIMIT: DED:					
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	-	\Diamond		If YES, LIMIT:		DED:			
- Demolition Costs		\Diamond		If YES, LIMIT:		DED:			
- Incr. Cost of Construction	H	\Diamond		If YES, LIMIT:		DED:			
EARTH MOVEMENT (If Applicable)	\vdash	\Diamond		If YES, LIMIT:		DED:			
FLOOD (If Applicable)	\vdash	\Diamond		If YES, LIMIT:		DED:			
WIND / HAIL INCL YES NO Subject to Different Provisions:		$\stackrel{\checkmark}{>}$		If YES, LIMIT:		DED:			
NAMED STORM INCL YES NO Subject to Different Provisions:	\vdash	\Diamond		If YES, LIMIT:		DED:			
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		$\stackrel{\frown}{\times}$		•					
CANCELLATION									
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION		CAI	NCE	LLED BEFORE THE E	XPIRATION DATE	THEREOF, NOTICE WILL BE			
ADDITIONAL INTEREST									
CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS	LENDER SERVICING AGENT NA	AME AND ADDRESS							
MORTGAGEE									
NAME AND ADDRESS Capital Partners and									
U.S.Small Business Administration, I	MA								
6445 Powers Ferry Road, Suite 210		/ -			<i>(</i> =				
Atlanta, GA 30339				AUTHORIZED REPRESENTATIV					
	imes Azfar Hague								



Policy Number: BBP0012961-01

Date Entered: 2/11/2021

DATE (MM/DD/YYYY)

2/11/2021

CERTIFICATE OF LIABILITY INSURANCE

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).

	mound about hot comes rights to the commence house in how or our	6.1.26.66(6).						
PRODUCER	BULLDOG INSURANCE, INC.	CONTACT Azfar Haque						
	•	PHONE (A/C, No, Ext): (404) 361-2075 FAX (A/C, No): (404) 3	361-8525					
	713 Forest Parkway	E-MAIL						
	SUITE # B	ADDRESS:						
	TODEGE DIDE GI 2000E	INSURER(S) AFFORDING COVERAGE	NAIC #					
	FOREST PARK, GA 30297	INSURER A: General Casualty Company of Wisconsin						
INSURED	DEVIS INC	INSURER B:						
	DBA VALERO FOOD MART	INSURER C:						
	1080 JODECO RD	INSURER D :						
	STOCKBRIDGE, GA 30281	INSURER E :						
		INSURER F:						
001/554	0=0	DE1/(0/01/14/DED						

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	TYPE OF INSURANCE	ADDL	SUBR		LIMIT			
LTR		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
A	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ <mark>1,000,000</mark>
	CLAIMS-MADE X OCCUR			BBP0012961-01	02/28/2021	02 <mark>/28/202</mark> 2	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	_{\$} 5,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						Liquor Liabil	\$1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	17.7					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 MORTAGEE and/or LENDER'S LOSS PAYABLE.

CERTIFICATE HOLDER	CANCELLATION
Capital Partners and U.S. Small Business Administration, ISAOA/ATI 6445 Powers Ferry Road, Suite 210	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Atlanta, GA 30339	AUTHORIZED REPRESENTATIVE
	Azfar Haque



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.

COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER,				ONTRA	CT BETWEEN THE
PHONE (A/C, No, Ext): (888) 661-3938	COMPANY				
NATIONAL INSURANCE GROUP LLC	TRAVELERS CASUALTY	' INSUF	RANCE COMPANY	OF AM	<u>IERICA</u>
5725 BUFORD HWY NE STE 113 DORAVILLE, GA 30340	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					
	LOAN NUMBER		POLICY NUMBER		
BRANVEX MANAGEMENT LLC		EVDU	680-9M118209	9 <mark>-20</mark>	
(2144 BRIARLAKE TRCE NE (ATLANTA, GA 30345)	EFFECTIVE DATE 11/26/2020		26/2021		ONTINUED UNTIL
	THIS REPLACES PRIOR EVIDENCE				INVINIVATED II OFFICIALD
PROPERTY INFORMATION					
LOCATION/DESCRIPTION					
STOCKBRIDGE, GA 30281					
10100NBNB0E, 01100201)					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF A EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERT SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF CLAIMS.	ANY CONTRACT OR OT AIN, THE INSURANCE A	HER DO	OCUMENT WITH ED BY THE POLIC	RESPE	CT TO WHICH THIS SCRIBED HEREIN IS
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD X SPECIAL				
COVERAGE/PERILS/FORMS			AMOUNT OF INSUR	ANCE	DEDUCTIBLE
(BUILDING - SPECIAL)			\$ <mark>1,406,080</mark>		\$1,000
REMARKS (Including Special Conditions)					
IN THE EVENT ANY NOTICE(S) IS (ARE) REQUIRED, PURSUANT TO THE POLICY TE OTHERWISE, TO BE SENT TO THE ADDITIONAL INTEREST LISTED BELOW, NOTICE CERTIFIED AT THE ADDRESS LISTED BELOW SHALL FOR ALL PURPOSES CONSTIT ADDITIONAL INTEREST.	TO CAPITAL PARTNERS				
CANCELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B ACCORDANCE WITH THE POLICY PROVISIONS.	EFORE THE EXPIRATION	N DATE	THEREOF, NOTIC	CE WILI	L BE DELIVERED IN
ADDITIONAL INTEREST					
NAME AND ADDRESS	ADDITIONAL INSURED	LEN	IDER'S LOSS PAYABLE	X	OSS PAYEE
CAPITAL PARTNERS CERTIFIED DEV	MORTGAGEE				
CO AND US SMALL BUSINESS ADMIN (ISAOA/ATIMA) (64/45 POWERS FERRY RD, STE 210)	LOAN #				
(6445 POWERS FERRY RD, STE 210) (ATLANTA, GA 30339)	AUTHORIZED REPRESENTAT	IVE W	hoty Kuckelman	ノ	



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

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COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER			E A CONTRA	CT BETWEEN THE	
AGENCY PHONE (A/C, No, Ext): (888) 661-3938 NATIONAL INSURANCE GROUP LLC 5725 BUFORD HWY NE STE 113 DORAVILLE, GA 30340 FAX (A/C, No): (877) 872-7604 E-MAIL ADDRESS: Service.center@travelers.com	COMPANY TRAVELERS CASUALTY ONE TOWER SQUARE HARTFORD, CT 06183	INSURANCE COI	MPANY OF AN	MERICA	
(Ä/C, No): (877) 872-7604 ĀĎĎŘĒSS: SETVICE.CENTER@Travelers.com CODE: X9G75 SUB CODE: 700 AGENCY CUSTOMER ID #: 1533V7221					
INSURED BRANVEX MANAGEMENT LLC	LOAN NUMBER	POLICY NUM	MBER 18209-20		
2144 BRIARLAKE TRCE NE ATLANTA, GA 30345	11/ <mark>26/2020</mark>	11/26/2021	PIRATION DATE CONTINUED UNT		
	THIS REPLACES PRIOR EVIDENC	E DATED:			
PROPERTY INFORMATION	l				
LOCATION/DESCRIPTION 1071 JODECO RD STOCKBRIDGE, GA 30281					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PER SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF CLAIMS.	ANY CONTRACT OR OTI TAIN, THE INSURANCE AI	HER DOCUMENT FFORDED BY THE	WITH RESPE E POLICIES DE	CT TO WHICH THIS ESCRIBED HEREIN IS	
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD X SPECIAL				
COVERAGE/PERILS/FORMS		AMOUNT (OF INSURANCE	DEDUCTIBLE	
REMARKS (Including Special Conditions)	DATE-CONTO DE LA MORRAMO CONTRATA DE MANTO DE LA COLOR				
IN THE EVENT ANY NOTICE(S) IS (ARE) REQUIRED, PURSUANT TO THE POLICY TO THERWISE, TO BE SENT TO THE ADDITIONAL INTEREST LISTED BELOW, NOTIC CERTIFIED AT THE ADDRESS LISTED BELOW SHALL FOR ALL PURPOSES CONST ADDITIONAL INTEREST.	E TO CAPITAL PARTNERS				
CANCELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED ACCORDANCE WITH THE POLICY PROVISIONS.	BEFORE THE EXPIRATION	DATE THEREOF	, NOTICE WIL	L BE DELIVERED IN	
ADDITIONAL INTEREST					
NAME AND ADDRESS CAPITAL PARTNERS CERTIFIED DEV	ADDITIONAL INSURED	LENDER'S LOSS E	AVABLE V		
CO AND HE SMALL PHONESS ADMIN	MORTGAGEE	ELIADEITO EGGGT	ATABLE \	OSS PAYEE	
CO AND US SMALL BUSINESS ADMIN ISAOA/ATIMA 6445 POWERS FERRY RD, STE 210 ATLANTA, GA 30339				OSS PAYEE	



DATE (MM/DD/YYYY)

LVIDENCE OF FIRE	JI LICI I INSUI	IVANOL	3/16/2021			
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT A COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE O ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCE	FFIRMATIVELY OR NEGA OF INSURANCE DOES NOT R, AND THE ADDITIONAL I	TIVELY AMEND, EXTEND O CONSTITUTE A CONTRACT	R ALTER THE			
PHONE (A/C, No, Ext): (404) 361-2075	COMPANY					
BULLDOG INSURANCE, INC. 713 Forest Parkway SUITE # B FOREST PARK, GA 30297	General Casua	llty Company of Wi	sconsin			
FAX A/C, No): (404) 361-8525	_					
CUSTOMER ID #:	<u> </u>					
NSURED Devis Inc	(LOAN NUMBER)	BBP001	2961- <mark>01</mark>			
DBA Valero Food Mart	EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL			
1080 Jodeco Rd	02/28/2021		TERMINATED IF CHECKED			
Stockbridge, GA 30281	THIS REPLACES PRIOR EVIDER	NCE DATED:				
PROPERTY INFORMATION						
LOCATION/DESCRIPTION						
Location Address: 1080 Jodeco Rd, Stockbridge, The Certificate Holder is Listed As Second Mor		nder's Loss Payabl	<mark>e</mark> .			
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO T NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIL SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH	CONTRACT OR OTHER DON, THE INSURANCE AFFOR	DCUMENT WITH RESPECT T RDED BY THE POLICIES DES	O WHICH THIS CRIBED HEREIN IS			
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD SPECIAL	X				
Suilding (1+2+3) Business Personal Property Outdoor Signs		\$ 555,900 \$ 60,000 \$ 10,000				
REMARKS (Including Special Conditions)						
CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	BEFORE THE EXPIRATION	N DATE THEREOF, NOTICE	WILL BE			
ADDITIONAL INTEREST						
NAME AND ADDRESS	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE			
Capital Partners and	MORTGAGEE					
U.S.Small Business Administration, ISAOA/ATIMA	LOAN#					
6445 Powers Ferry Road, Suite 210						
Atlanta, GA 30339	AUTHORIZED REPRESENTATIVE					
	imes Azfar Hague					



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3/16/2021 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. PHONE (A/C, No. Ext): (404) 361-2075 AGENCY COMPANY BULLDOG INSURANCE, INC. General Casualty Company of Wisconsin 713 Forest Parkway SUITE # B FOREST PARK, GA 30297 FAX (A/C, No): (404) 361-8525 E-MAIL ADDRESS: CODE: SUB CODE: AGENCY CUSTOMER ID #: INSURED LOAN NUMBER POLICY NUMBER Devis Inc BBP0012961-01 DBA Valero Food Mart **EFFECTIVE DATE** EXPIRATION DATE CONTINUED LINTIL 1080 Jodeco Rd TERMINATED IF CHECKED 02/28/2021 02/28/2022 Stockbridge, GA 30281 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 BASIC BROAD SPECIAL PERILS INSURED COVERAGE / PERILS / FORMS DEDUCTIBLE AMOUNT OF INSURANCE Building (1+2+3) \$ 555,900 \$ 1,000 Business Personal Property \$ 60,000 \$ 1,000 Outdoor Signs \$ 10,000 \$ 500 **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 NAME AND ADDRESS ADDITIONAL INSURED X LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE Capital Partners and LOAN # U.S.Small Business Administration, ISAOA/ATIMA 6445 Powers Ferry Road, Suite 210 AUTHORIZED REPRESENTATIVE Atlanta, GA 30339 imes Azfar Hague

Date Entered: 3/16/2021



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

EVIDENCE OF COIVIN	/I 드	N	<i>)</i> <i> </i> -	AL PROPERTI	INSURAN	CE	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 PHONE (A/C, No, Ext): (404) 361 -2075	COMPANY NAME AND ADDRES	SS	N/	AIC NO:24414				
BULLDOG INSURANCE, INC.				General Casualt	ty Company o			
713 Forest Parkway					2) (5 1 2) (5		<u> </u>	
SUITE # B								
FOREST PARK, GA 30297				′				
AX A/C, No): (404) 361-8525 E-MAIL ADDRESS:				IF MULTIPLE (COMPANIES, COMPLETE	SEPARATE I	FORM FOR EACH	
				POLICY TYPE				
CODE: SUB CODE: AGENCY				Businessowners				
CUSTOMER ID #: VAMED INSURED AND ADDRESS				LOAN NUMBER		POLICY NU	MBFR	
Devis Inc				EGAR HOMBER		BBP0012961-01		
DBA Valero Food Mart 1080 Jodeco Rd				EFFECTIVE DATE	EXPIRATION DATE	BBF0012301-01		
Stockbridge, GA 30281							CONTINUED UNTIL TERMINATED IF CHECKED	
				02/28/2021 THIS REPLACES PRIOR EVIDE	0 <mark>2/28/202</mark> 2		TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)				THIS REPLACES FRIOR EVIDE	NCE DATED.			
				<u> </u>				
PROPERTY INFORMATION (ACORD 101 may be attached if	mor	e sp	ace	is required) \square BUILD	OING OR LIBUS	INESS P	ERSONAL PROPERTY	
OCATION/DESCRIPTION Ocation Address: 1080 Jodeco Rd, Stockbridge	≘,	GA	302	281.				
he Certificate Holder is Listed As Second Mo					Loss Payable.			
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR O BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE PO OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY F	TO 1 THE OLIC	THE R DC	INSU DCUN DESC	RED NAMED ABOVE FOR 1 MENT WITH RESPECT TO W CRIBED HEREIN IS SUBJECT	THE POLICY PERIOD HICH THIS EVIDENCI	E OF PROP	ERTY INSURANCE MAY	
COVERAGE INFORMATION PERILS INSURED		SIC		BROAD SPECIAL	Buildin	α+RPP		
	_	, 9 0	10	BROAD SPECIAL	_ //	_	1,000	
To the state of th	_	NO				525. 9	1,000	
BUSINESS INCOME RENTAL VALUE		V	10/2	If YES, LIMIT:		Actual Loss	Sustained; # of months:	
BLANKET COVERAGE		\Diamond		If YES, indicate value(s) repo			<u> </u>	
TERRORISM COVERAGE		\Diamond		Attach Disclosure Notice / DE		illed above.	Ψ	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	$\overline{}$	\wedge		Attach Disclosure Notice / Di				
IS DOMESTIC TERRORISM EXCLUDED?	\triangle	\vee						
		\Diamond		KVEO LIMIT.		DE	D.	
LIMITED FUNGUS COVERAGE		\triangle		If YES, LIMIT:		DE	υ: 	
FUNGUS EXCLUSION (If "YES", specify organization's form used)	\triangle							
REPLACEMENT COST			\Diamond					
AGREED VALUE			\Diamond	15.750				
COINSURANCE		$\overline{}$	X	If YES, %			_	
EQUIPMENT BREAKDOWN (If Applicable)		\Diamond		If YES, LIMIT:		DE		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		\Diamond		If YES, LIMIT:		DE		
- Demolition Costs		\triangle		If YES, LIMIT:		DE		
- Incr. Cost of Construction		\Diamond		If YES, LIMIT:		DE		
EARTH MOVEMENT (If Applicable)		\triangle		If YES, LIMIT:		DE	D:	
FLOOD (If Applicable)		X		If YES, LIMIT:		DE	D:	
WIND / HAIL INCL ☐ YES ☐ NO Subject to Different Provisions:		Х		If YES, LIMIT:		DE	D:	
NAMED STORM INCL YES NO Subject to Different Provisions:		X		If YES, LIMIT:		DE	D:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE		X						
HOLDER PRIOR TO LOSS		/ \						
CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES I DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION		CAN	ICE	LLED BEFORE THE E	XPIRATION DATE	THERE	OF, NOTICE WILL BE	
ADDITIONAL INTEREST								
CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS MORTGAGEE	LENDER SERVICING AGENT NA	ME AND ADDRESS						
AME AND ADDRESS								
Capital Partners and U.S. Small Business Administration. I	C A C	12 / Z	\ m T	M'A				
u a amail business Administration.	DAL							

6445 Powers Ferry Road, Suite 210

Atlanta, GA 30339

AUTHORIZED REPRESENTATIVE

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Date Entered: 3/16/2021

DATE (MM/DD/YYYY) EVIDENCE OF COMMERCIAL PROPERTY INSURANCE 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. DDUCER NAME. PRODUCER NAME,
CONTACT PERSON AND ADDRESS PHONE
(A/C, No, Ext): (404) 361-2075 COMPANY NAME AND ADDRESS NAIC NO:24414 BULLDOG INSURANCE, INC. General Casualty Company of Wisconsin 713 Forest Parkway SUITE # B FOREST PARK, GA 30297 FAX (A/C, No): (404) 361-8525 E-MAIL ADDRESS IF MULTIPLE COMPANIES. COMPLETE SEPARATE FORM FOR EACH POLICY TYPE CODE: AGENCY CUSTOMER ID #: Businessowners NAMED INSURED AND ADDRESS LOAN NUMBER POLICY NUMBER Devis Inc DBA Valero Food Mart BBP0012961-01 1080 Jodeco Rd FFFECTIVE DATE **EXPIRATION DATE** Stockbridge, GA 30281 CONTINUED LINTIL TERMINATED IF CHECKED 02/28/2021 02/28/2022 THIS REPLACES PRIOR EVIDENCE DATED: ADDITIONAL NAMED INSURED(S) ☐ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) 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. \times Building+BPP **COVERAGE INFORMATION** SPECIAL BROAD PERILS INSURED BASIC COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: DED:\$ 1,000 \$615,900 YES NO N/A BUSINESS INCOME ☐ RENTAL VALUE 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: If YES, LIMIT: ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg 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: DED: WIND / HAIL INCL ☐ YES ☐ NO Subject to Different Provisions: If YES LIMIT If YES, LIMIT: DED: NAMED STORM INCL YES NO Subject to Different Provisions 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.

AD	DITIONAL INTEREST		
	CONTRACT OF SALE	LENDER'S LOSS PAYABLE LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
X	MORTGAGEE		
NAN	ME AND ADDRESS		
l	Capital	Partners and	
	U.S.Small	l Business Administration, ISAOA/A	IMA CONTRACTOR OF THE CONTRACT
l	6445 Powe	ers Ferry Road, Suite 210	AUTHORISED REPRESENTATIVE
l	Atlanta, GA 30339		AUTHORIZED REPRESENTATIVE
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