



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/28/2018

**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 DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.**

<b>AGENCY</b> MARSH USA INC. 200 PUBLIC SQUARE, SUITE 3760 CLEVELAND, OH 44114-1824 Attn: cleveland.certrequest@marsh.com; F 212-948-0797	<b>PHONE (A/C, No, Ext):</b>	<b>COMPANY</b> Lexington Insurance Company  99 High Street Boston, MA 02110
CN102428120-PROP-B&M-18-19	PROP	
<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> KEYCORP AND SUBSIDIARIES MAIL STOP: OH-01-27-0541 KEY TOWER, 5TH FLOOR 127 PUBLIC SQUARE CLEVELAND, OH 44114-1306	<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> 084144162
	<b>EFFECTIVE DATE</b> 06/30/2018	<b>EXPIRATION DATE</b> 06/30/2019
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>		

## PROPERTY INFORMATION

**LOCATION/DESCRIPTION**  
EVIDENCE OF COVERAGE FOR PROPERTY, LEASEHOLD IMPROVEMENTS, PLATE GLASS, AND PROPERTY OF OTHERS KEY IS OBLIGATED TO INSURE PER THE TERMS OF A WRITTEN AGREEMENT. COVERAGE APPLIES TO OWNED AND LEASED LOCATIONS OF KEYCORP AND ALL SUBSIDIARIES.

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	SPECIAL			
<b>COVERAGE / PERILS / FORMS</b>						
ALL RISK PROPERTY LOSS LIMIT: REAL & PERSONAL PROPERTY - REPLACEMENT COST				150,000,000	250,000	
BUSINESS INTERRUPTION, EXTRA EXPENSE, RENTAL VALUE - ACTUAL LOSS SUSTAINED (NO COINSURANCE APPLIES); BOILER & MACHINERY				INCLUDED	250,000	
EARTH MOVEMENT & FLOOD - ANNUAL AGGREGATE, EXCEPT				INCLUDED	250,000	
EARTH MOVEMENT - CA, HI, PUERTO RICO (DEDUCTIBLE 5%, MINIMUM \$500,000)				5,000,000	500,000	
EARTH MOVEMENT - PACIFIC NORTHWEST & NEW MADRID				50,000,000	500,000	
FLOOD - 100 YEAR FLOOD ZONE				25,000,000	500,000	
TERRORISM - CERTIFIED & NON-CERTIFIED				INCLUDED	500,000	
NAMED WINDSTORM (DEDUCTIBLE ADDENDUM C, TIER 1 - 3%, MINIMUM \$500,000)				INCLUDED	500,000	
BUILDERS RISK (INCLUDING HARD & SOFT COSTS)				INCLUDED	250,000	

**REMARKS (Including Special Conditions)**  
LOSS PAYEE STATUS AUTOMATICALLY APPLIES WHEN REQUIRED UNDER WRITTEN CONTRACT FOR LESSORS OF PREMISES OR EQUIPMENT AS WELL AS MORTGAGEE STATUS FOR MORTGAGEES OF LESSORS OF PREMISES, AND THEIR RESPECTIVE SUCCESSORS AND/OR ASSIGNS, ACCORDING TO THEIR INTERESTS WHEN LOSS OCCURS.

**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.**

<b>ADDITIONAL INTEREST</b>	CLE-005231631-22																				
<b>NAME AND ADDRESS</b>  CFMA 180628- 425611 KEYCORP AND SUBSIDIARIES MAIL STOP OH-01-27-0541 KEY TOWER 5TH FLOOR 127 PUBLIC SQUARE CLEVELAND, OH 44114	<table border="1"> <tr> <td>ADDITIONAL INSURED</td> <td><input type="checkbox"/></td> <td>LENDER'S LOSS PAYABLE</td> <td><input checked="" type="checkbox"/></td> <td>LOSS PAYEE</td> </tr> <tr> <td>MORTGAGEE</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">LOAN #</td> </tr> <tr> <td colspan="5">AUTHORIZED REPRESENTATIVE of Marsh USA Inc.  Manashi Mukherjee <i>Manashi Mukherjee</i></td> </tr> </table>	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/>	LOSS PAYEE	MORTGAGEE	<input checked="" type="checkbox"/>				LOAN #					AUTHORIZED REPRESENTATIVE of Marsh USA Inc.  Manashi Mukherjee <i>Manashi Mukherjee</i>				
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LOAN #																					
AUTHORIZED REPRESENTATIVE of Marsh USA Inc.  Manashi Mukherjee <i>Manashi Mukherjee</i>																					



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> MARSH USA INC.		<b>NAMED INSURED</b> KEYCORP AND SUBSIDIARIES MAIL STOP: OH-01-27-0541 KEY TOWER, 5TH FLOOR 127 PUBLIC SQUARE CLEVELAND, OH 44114-1306	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 27 **FORM TITLE:** Evidence of Property Insurance

ADDITIONAL LIMITS/DEDUCTIBLES MAY APPLY PER POLICY TERMS & CONDITIONS:

EVIDENCE OF INSURANCE: CERTIFICATE LOSS PAYEE/MORTGAGEE PROVISIONS FROM LEXINGTON INSURANCE COMPANY, POLICY NUMBER 084144162, EFFECTIVE JUNE 30, 2018 TO JUNE 30, 2019:

33. EVIDENCE OF INSURANCE  
 A. Certificates of Insurance

Any certificate of insurance issued in connection with this Policy shall be issued solely as a matter of convenience or information for the addressee(s) or holder(s) of said certificate of insurance, except where any additional insured(s), loss payee(s), or mortgagee(s) are named pursuant to the Special Provisions of said certificate of insurance. In the event any additional insured(s), loss payee(s), or mortgagee(s) are so named, this Policy shall be deemed to have been endorsed accordingly subject to all other terms, conditions and exclusions stated herein.

B. Memoranda of Insurance

With respect to any Memoranda of Insurance displayed on an internet web-site, any party(ies) which the Insured is contractually required to include as an additional insured(s), loss payee(s), or mortgagee(s) is granted such status under this Policy as such interest may appear upon notification of such interest by the Insured to Marsh or the Company. Coverage under the Policy applies only if such notice has been given and to the extent of the coverage required by such contractual requirement and for the Program Limits of Liability specified in such contractual requirement, but in no event for insurance not afforded by the Policy nor for Program Limits of Liability in excess of the applicable Program Limits of Liability of the Policy.

C. (1) The existence of more than one Insured, additional insured or other interests shall not serve to increase the Program Limits of Liability of the Policy.

(2) The Company hereby authorizes Marsh to issue any Certificate of Insurance and to display Memoranda of Insurance, including any Mortgagee or Loss Payee Clauses consistent with the foregoing.

34. MORTGAGEHOLDERS CLAUSE

A. The term mortgage holder includes trustee.

B. The Company will pay for covered loss of or damage to buildings or structures to each mortgage holder shown in the Policy or Evidence of Insurance in their order of precedence, as interests may appear.

C. The mortgage holder has the right to receive loss payment even if the mortgage holder has started foreclosure or similar action on the building or structure.

D. If the Company denies the Insured's claim because of the Insured's acts or because the Insured has failed to comply with the terms of this Policy, the mortgage holder will still have the right to receive loss payment if the mortgage holder:

- (1) Pays any premium due under this Policy at the request of the Company if the Insured has failed to do so;
- (2) Submits a signed, sworn proof of loss within 60 days after receiving notice from the Company because of the Insured's failure to do so; and
- (3) Has notified the Company of any change in ownership, occupancy or substantial change in risk known to the mortgage holder.

All of the terms of this Policy will then apply directly to the mortgage holder.

E. If the Company pays the mortgage holder for any loss or damage and denies payment to the Insured because of the Insured's acts or because the Insured has failed to comply with the terms of this Policy:



**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH USA INC.		NAMED INSURED KEYCORP AND SUBSIDIARIES MAIL STOP: OH-01-27-0541 KEY TOWER, 5TH FLOOR 127 PUBLIC SQUARE CLEVELAND, OH 44114-1306	
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**ADDITIONAL REMARKS**

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FORM NUMBER: 27 FORM TITLE: Evidence of Property Insurance**

(2) The mortgage holder's right to recover the full amount of the mortgage holder's claim will not be impaired.

At the Company's option, the Company may pay to the mortgage holder the whole principal on the mortgage plus any accrued interest. In this event, the Insured's mortgage and note will be transferred to the Company and the Insured will have its remaining mortgage debt paid to the Company.

F. If the Company cancels this Policy, the Company will give written notice to the mortgage holder at least:

(1) 10 days before the effective date of cancellation if the Company cancels for the Insured's non-payment of premium; or

(2) 30 days before the effective date of cancellation if the Company cancels for any other reason.

G. If the Company elects not to renew this Policy, the Company will give written notice to the mortgage holder at least 30 days before the expiration date of this Policy.

CFMA 180628- 425611