

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 02/04/2020

THIS EVIDENCE OF PROI ADDITIONAL INTEREST NA COVERAGE AFFORDED BY ISSUING INSURER(S), AUTHOR	MED BELOW. THIS EVIDENCE	E DOES NOT EVIDENCE OF	INSURANCE	OR NEGATIVI		NO RIGHTS EXTEND OR CONTRACT BE	ALTER THE	
AGENCY	PHONE (866) 283-7122		OMPANY					
(A/C, NO, Ext):			Travelers Property Cas Co of America					
Aon Risk Services Central, Inc.								
Chicago IL Office 200 East Randolph Chicago IL 60601 U	JSA							
FAX (800) 363-0105 (A/C No):	E-MAIL ADDRESS:							
CODE:	SUB CODE:							
	0076574							
University of Iowa			N NUMBER POLICY N			QT6608J907319TIL 19		
430 Plaza Centre One Iowa City IA 52242 USA			TIVE DATE /01/2019	EXPIRATION DATE CONTINUED UNTIL TERMINATED IF CHECKED			UNTIL D IF CHECKED	
			THIS REPLACES PRIOR EVIDENCE DATED:					
ROPERTY INFORMATION								
LOCATION/DESCRIPTION Evidence of Insurance								
NOTWITHSTANDING ANY REC PROPERTY INSURANCE MAY TERMS, EXCLUSIONS AND CON	INCE LISTED BELOW HAVE BEER UIREMENT, TERM OR CONDITION OF BE ISSUED OR MAY PERTAIN, THI DITIONS OF SUCH POLICIES. LIMITS SHO	DF ANY CONTRA E INSURANCE A DWN MAY HAVE BE	CT OR OTHER FFORDED BY T EEN REDUCED BY	HE POLICIES DE PAID CLAIMS.	H RESPECT TO	WHICH THIS	EVIDENCE OF	
COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL				
Builders Risk Covera	ge Limit				\$ 2,000,000			
EMARKS (Including Special C	onditions)					!		
ANCELLATION SHOULD ANY OF THE ABOVE DE	SCRIBED POLICIES BE CANCELLED BEF	ORE THE EXPIRAT	ION DATE THEREO	OF, NOTICE WILL BE	E DELIVERED IN			
ACCORDANCE WITH THE POLICY								
DDITIONAL INTEREST						ı		
NAME AND ADDRESS University of Ion	wa		ADDITIONA MORTGAGE	\vdash	LENDER'S LOSS PA	YABLE	LOSS PAYEE	
430 Plaza Centre Iowa City IA 522	One		LOAN #					
		AUTHORIZED REPRESENTATIVE						

ACORD 27 (2016/03)

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