



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/01/2021

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 MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN102775091-...-Prop-21-22		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Zurich American Insurance Co	NAIC NO: 16535
FAX (A/C, No):		E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:		SUB CODE:		POLICY TYPE
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER PPR290634723
NAMED INSURED AND ADDRESS AutoZone, Inc. 123 South Front Street Memphis, TN 38103		EFFECTIVE DATE 06/30/2021	EXPIRATION DATE 06/30/2022	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
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
 RE: 840 South Alvarado Street Los Angeles, CA 90057; Loan 23005/301301322

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		<input type="checkbox"/> BASIC	<input type="checkbox"/> BROAD	<input checked="" type="checkbox"/> SPECIAL	4
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 20,000,000		DED: 1,500,000			
		YES	NO	N/A	
<input type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE		X			If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		X			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				X	
IS DOMESTIC TERRORISM EXCLUDED?				X	
LIMITED FUNGUS COVERAGE		X			If YES, LIMIT: 2,500,000 DED: 1,500,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X			
REPLACEMENT COST		X			
AGREED VALUE			X		
COINSURANCE			X		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: 20,000,000 DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT: DED:
- Demolition Costs		X			If YES, LIMIT: DED:
- Incr. Cost of Construction		X			If YES, LIMIT: INCLUDED DED:
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: SEE BELOW DED:
FLOOD (If Applicable)		X			If YES, LIMIT: 20,000,000 DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				X	If YES, LIMIT: DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: 20,000,000 DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X			

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

ATL-005237103-03

<input type="checkbox"/> CONTRACT OF SALE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS American Fidelity Assurance Company, an Oklahoma corporation, ISAOA c/o Walker & Dunlop, LLC PO Box 25996 Shawnee Mission, KS 66225-5996			AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee 

© 2003-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED AutoZone, Inc. 123 South Front Street Memphis, TN 38103	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property Insurance

American Fidelity Assurance Company, an Oklahoma corporation, ISAOA, c/o Walker & Dunlop, LLC is/are included as Mortgagee and Loss Payee where required by written contract. Joval Development Company is/are included as Additional Insured where required by written contract.

Earthquake California: \$20,000,000 sublimit subject to a 5% \$1,500,000 minimum deductible
 Earthquake Mexico: \$15,000,000 sublimit
 Flood Deductible: 5% minimum \$1,500,000 for SFHA zones
 Named Windstorm deductible: 3% subject to \$1,500,000 Tier one counties in TZ, LA, MS, AL, FL, GA, SC, NC, VA, HI, PR, and Mexico

All Risk of direct physical loss or damage to real and personal property on a replacement cost basis, subject to policy terms, conditions, and exclusions. Coverage includes, but is not limited to fire, extended perils such as vandalism, malicious mischief, flood, earth quake, and boiler & machinery, per policy sublimits.

Other deductibles may apply as per policy terms and conditions and sublimits.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/01/2021

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 MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN102775091-...-Prop-21-22		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Zurich American Insurance Co	NAIC NO: 16535
FAX (A/C, No):	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:	POLICY TYPE		
AGENCY CUSTOMER ID #:		LOAN NUMBER	POLICY NUMBER PPR290634723	
NAMED INSURED AND ADDRESS AutoZone Parts, Inc. Dept 8030 123 South Front Street Memphis, TN 38103-3607		EFFECTIVE DATE 06/30/2021	EXPIRATION DATE 06/30/2022	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
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
 RE: Store No. 6612-01-01 Located at State Road PR #3, KM 135.6, Guayama, PR.

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	0
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 20,000,000		DED: 1,500,000					
	YES	NO	N/A				
<input type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT:		Actual Loss Sustained; # of months:	
BLANKET COVERAGE	X			If YES, indicate value(s) reported on property identified above: \$			
TERRORISM COVERAGE	X			Attach Disclosure Notice / DEC			
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X				
IS DOMESTIC TERRORISM EXCLUDED?			X				
LIMITED FUNGUS COVERAGE	X			If YES, LIMIT:	2,500,000	DED: 1,500,000	
FUNGUS EXCLUSION (If "YES", specify organization's form used)	X						
REPLACEMENT COST	X						
AGREED VALUE			X				
COINSURANCE			X	If YES,	%		
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT:	20,000,000	DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT:		DED:	
- Demolition Costs	X			If YES, LIMIT:		DED:	
- Incr. Cost of Construction	X			If YES, LIMIT:	INCLUDED	DED:	
EARTH MOVEMENT (If Applicable)	X			If YES, LIMIT:	SEE BELOW	DED:	
FLOOD (If Applicable)	X			If YES, LIMIT:	20,000,000	DED:	
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X	If YES, LIMIT:		DED:	
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	X			If YES, LIMIT:	20,000,000	DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	X						

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		ATL-005279816-01	
CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS	
NAME AND ADDRESS ARC AZGYAPR001, LLC c/o Realty Income Corp. Attn: Legal Dept. 11995 El Camino Real San Diego, CA 92130-2544		AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee 	

© 2003-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED AutoZone Parts, Inc. Dept 8030 123 South Front Street Memphis, TN 38103-3607	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property Insurance

ARC AZGYAPR001, LLC (Landlord), As Master Servicer on behalf of, U.S. BANK NA, as Trustee for the benefit of the Certificate Holders of, Commercial Mortgage Pass-Through Certificates Series 2010-C2, Its Successors and/or Assigns, PO Box 563956, Charlotte, NC 28256-3956 are included as Additional Insured where required by written contract. ARC AZGYAPR001, LLC is included as Loss Payee where required by written contract with respect to property located at the above referenced location. AutoZone Puerto Rico, Inc. is included as a Named Insured as identified in the insurance policy referenced on this certificate.

Earthquake California: \$20,000,000 sublimit subject to a 5% \$1,500,000 minimum deductible
 Earthquake Mexico: \$15,000,000 sublimit
 Flood Deductible: 5% minimum \$1,500,000 for SFHA zones
 Named Windstorm deductible: 3% subject to \$1,500,000 Tier one counties in TZ, LA, MS, AL, FL, GA, SC, NC, VA, HI, PR, and Mexico

All Risk of direct physical loss or damage to real and personal property on a replacement cost basis, subject to policy terms, conditions, and exclusions. Coverage includes, but is not limited to fire, extended perils such as vandalism, malicious mischief, flood, earth quake, and boiler & machinery, per policy sublimits.

Other deductibles may apply as per policy terms and conditions and sublimits.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/01/2021

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 MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN102775091-...-Prop-21-22		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Zurich American Insurance Co	NAIC NO: 16535
FAX (A/C, No):	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:	POLICY TYPE		
AGENCY CUSTOMER ID #:		LOAN NUMBER	POLICY NUMBER PPR290634723	
NAMED INSURED AND ADDRESS AutoZone Parts, Inc. Dept 8030 123 South Front Street Memphis, TN 38103-3607		EFFECTIVE DATE 06/30/2021	EXPIRATION DATE 06/30/2022	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
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
 RE: Store No. 6611-01-01 Located at State Road 3 KM 81.6, Humacao, PR 00792.

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		<input type="checkbox"/> BASIC	<input type="checkbox"/> BROAD	<input checked="" type="checkbox"/> X	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> 0
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 20,000,000		DED: 1,500,000				
		<input type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
		If YES, LIMIT:		Actual Loss Sustained; # of months:		
BLANKET COVERAGE		<input checked="" type="checkbox"/> X	If YES, indicate value(s) reported on property identified above: \$			
TERRORISM COVERAGE		<input checked="" type="checkbox"/> X	Attach Disclosure Notice / DEC			
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				<input checked="" type="checkbox"/> X		
IS DOMESTIC TERRORISM EXCLUDED?				<input checked="" type="checkbox"/> X		
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/> X	If YES, LIMIT:	2,500,000	DED: 1,500,000	
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/> X				
REPLACEMENT COST		<input checked="" type="checkbox"/> X				
AGREED VALUE			<input checked="" type="checkbox"/> X			
COINSURANCE			<input checked="" type="checkbox"/> X	If YES,	%	
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/> X	If YES, LIMIT:	20,000,000	DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/> X	If YES, LIMIT:	DED:		
- Demolition Costs		<input checked="" type="checkbox"/> X	If YES, LIMIT:	DED:		
- Incr. Cost of Construction		<input checked="" type="checkbox"/> X	If YES, LIMIT:	INCLUDED	DED:	
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/> X	If YES, LIMIT:	SEE BELOW	DED:	
FLOOD (If Applicable)		<input checked="" type="checkbox"/> X	If YES, LIMIT:	20,000,000	DED:	
WIND / HAIL INCL		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Subject to Different Provisions:		<input checked="" type="checkbox"/> X
NAMED STORM INCL		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Subject to Different Provisions:		<input checked="" type="checkbox"/> X
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/> X				

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

ATL-005279817-01

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS ARC AZHUMPR001, LLC c/o Realty Income Corp. Attn: Legal Dept. 11995 El Camino Real San Diego, CA 92130-2544			AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee 

© 2003-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED AutoZone Parts, Inc. Dept 8030 123 South Front Street Memphis, TN 38103-3607	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property Insurance

ARC AZHUMPR001, LLC (Landlord), As Master Servicer on behalf of, U.S. BANK NA, as Trustee for the benefit of the Certificate Holders of Commercial Mortgage Pass-Through Certificates Series 2010-C2, its successors and/or assigns, PO Box 563956, Charlotte, NC 28256-3956 (Lender) are included as Additional Insured where required by written contract. ARC AZHUMPR001, LLC (Landlord) is included as Loss Payee where required by written contract with respect to property located at the above referenced location. AutoZone Puerto Rico, Inc. is included as a Named Insured as identified in the insurance policy referenced on this certificate.

Earthquake California: \$20,000,000 sublimit subject to a 5% \$1,500,000 minimum deductible
 Earthquake Mexico: \$15,000,000 sublimit
 Flood Deductible: 5% minimum \$1,500,000 for SFHA zones
 Named Windstorm deductible: 3% subject to \$1,500,000 Tier one counties in TZ, LA, MS, AL, FL, GA, SC, NC, VA, HI, PR, and Mexico

All Risk of direct physical loss or damage to real and personal property on a replacement cost basis, subject to policy terms, conditions, and exclusions. Coverage includes, but is not limited to fire, extended perils such as vandalism, malicious mischief, flood, earth quake, and boiler & machinery, per policy sublimits.

Other deductibles may apply as per policy terms and conditions and sublimits.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/01/2021

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 MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN102775091-...-Prop-21-22		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Zurich American Insurance Co	NAIC NO: 16535
FAX (A/C, No):		E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:		SUB CODE:		POLICY TYPE
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER PPR290634723
NAMED INSURED AND ADDRESS AutoZone Parts, Inc. Dept 8030 123 South Front Street Memphis, TN 38103-3607		EFFECTIVE DATE 06/30/2021	EXPIRATION DATE 06/30/2022	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
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
 RE: Store No. 6614-01-01 Located at State Road PR 2 KM 225.7, Ponce, PR.

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		<input type="checkbox"/> BASIC	<input type="checkbox"/> BROAD	<input checked="" type="checkbox"/> X	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> 0
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 20,000,000		DED: 1,500,000				
		<input type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
		If YES, LIMIT:		Actual Loss Sustained; # of months:		
BLANKET COVERAGE		<input checked="" type="checkbox"/>		If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE		<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
IS DOMESTIC TERRORISM EXCLUDED?		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>		If YES, LIMIT:	2,500,000	DED: 1,500,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>				
REPLACEMENT COST		<input checked="" type="checkbox"/>				
AGREED VALUE		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
COINSURANCE		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
If YES,		<input type="checkbox"/>		%		
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT:	20,000,000	DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>		If YES, LIMIT:		
- Demolition Costs		<input checked="" type="checkbox"/>		If YES, LIMIT:		
- Incr. Cost of Construction		<input checked="" type="checkbox"/>		If YES, LIMIT: INCLUDED		
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: SEE BELOW		
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: 20,000,000		
WIND / HAIL INCL		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Subject to Different Provisions:		
NAMED STORM INCL		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Subject to Different Provisions:		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>		If YES, LIMIT: 20,000,000		

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

ATL-005279818-01

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE				
NAME AND ADDRESS ARC AZPONR001, LLC c/o Realty Income Corp. Attn: Legal Dept. 11995 El Camino Real San Diego, CA 92130-2544				AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee 

© 2003-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED AutoZone Parts, Inc. Dept 8030 123 South Front Street Memphis, TN 38103-3607	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property Insurance

ARC AZPONPR001, LLC (Landlord), As Master Servicer on behalf of, U.S. BANK NA, as Trustee for the benefit of the Certificate Holders of, Commercial Mortgage Pass-Through Certificates Series 2010-C2, its successors and/or assigns, PO Box 563956, Charlotte, NC 28256-3956 (Lender) are included as Additional Insured where required by written contract. ARC AZPONPR001, LLC is included as Loss Payee where required by written contract with respect to property located at the above referenced location. AutoZone Puerto Rico, Inc. is included as a Named Insured as identified in the insurance policy referenced on this certificate.

- Earthquake California: \$20,000,000 sublimit subject to a 5% \$1,500,000 minimum deductible
- Earthquake Mexico: \$15,000,000 sublimit
- Flood Deductible: 5% minimum \$1,500,000 for SFHA zones
- Named Windstorm deductible: 3% subject to \$1,500,000 Tier one counties in TZ, LA, MS, AL, FL, GA, SC, NC, VA, HI, PR, and Mexico

All Risk of direct physical loss or damage to real and personal property on a replacement cost basis, subject to policy terms, conditions, and exclusions. Coverage includes, but is not limited to fire, extended perils such as vandalism, malicious mischief, flood, earth quake, and boiler & machinery, per policy sublimits.

Other deductibles may apply as per policy terms and conditions and sublimits.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/01/2021

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 MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN102775091-...-Prop-21-22		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Zurich American Insurance Co	NAIC NO: 16535
FAX (A/C, No):	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:	POLICY TYPE		
AGENCY CUSTOMER ID #:		LOAN NUMBER	POLICY NUMBER PPR290634723	
NAMED INSURED AND ADDRESS AutoZone Parts, Inc. Dept 8030 123 South Front Street Memphis, TN 38103-3607		EFFECTIVE DATE 06/30/2021	EXPIRATION DATE 06/30/2022	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
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
 RE: Store No. 6608-01-01 Located at Barbosa Avenue, Suite 600, San Juan, PR 00915. A

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	0
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 20,000,000		DED: 1,500,000			
	YES	NO	N/A		
<input type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT:	Actual Loss Sustained; # of months:
BLANKET COVERAGE	X			If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE	X			Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X		
IS DOMESTIC TERRORISM EXCLUDED?			X		
LIMITED FUNGUS COVERAGE	X			If YES, LIMIT: 2,500,000	DED: 1,500,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)	X				
REPLACEMENT COST	X				
AGREED VALUE		X			
COINSURANCE		X		If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT: 20,000,000	DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT:	DED:
- Demolition Costs	X			If YES, LIMIT:	DED:
- Incr. Cost of Construction	X			If YES, LIMIT: INCLUDED	DED:
EARTH MOVEMENT (If Applicable)	X			If YES, LIMIT: SEE BELOW	DED:
FLOOD (If Applicable)	X			If YES, LIMIT: 20,000,000	DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X	If YES, LIMIT:	DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	X			If YES, LIMIT: 20,000,000	DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	X				

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

ATL-005279815-01

CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS ARC AZSNJPR001, LLC c/o Realty Income Corp. Attn: Legal Dept. 11995 El Camino Real San Diego, CA 92130-2544		AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee 

© 2003-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED AutoZone Parts, Inc. Dept 8030 123 South Front Street Memphis, TN 38103-3607	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property Insurance

ARC AZSNJPR001, LLC (Landlord), As Master Servicer on behalf of, U.S. BANK NA #304101003, as Trustee for the benefit of the Certificate Holders of, Commercial Mortgage Pass-Through Certificates Series 2010-C2, its successors and/or assigns, PO Box 563956, Charlotte, NC 28256-3956 (Lender), as their interest may appear are included as Additional Insured where required by written contract. ARC AZSNJPR001, LLC is included as Loss Payee where required by written contract with respect to property located at the above referenced location. AutoZone Puerto Rico, Inc. is included as a Named Insured as identified in the insurance policy referenced on this certificate.

Earthquake California: \$20,000,000 sublimit subject to a 5% \$1,500,000 minimum deductible
 Earthquake Mexico: \$15,000,000 sublimit
 Flood Deductible: 5% minimum \$1,500,000 for SFHA zones
 Named Windstorm deductible: 3% subject to \$1,500,000 Tier one counties in TZ, LA, MS, AL, FL, GA, SC, NC, VA, HI, PR, and Mexico

All Risk of direct physical loss or damage to real and personal property on a replacement cost basis, subject to policy terms, conditions, and exclusions. Coverage includes, but is not limited to fire, extended perils such as vandalism, malicious mischief, flood, earth quake, and boiler & machinery, per policy sublimits.

Other deductibles may apply as per policy terms and conditions and sublimits.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/01/2021

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 MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN102775091-...-Prop-21-22		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Zurich American Insurance Co	NAIC NO: 16535
FAX (A/C, No):	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:	POLICY TYPE		
AGENCY CUSTOMER ID #:		LOAN NUMBER	POLICY NUMBER PPR290634723	
NAMED INSURED AND ADDRESS AutoZone, Inc. 123 South Front Street Memphis, TN 38103		EFFECTIVE DATE 06/30/2021	EXPIRATION DATE 06/30/2022	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
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
Re: 6265 Jericho Tpke, Commack

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	0
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 20,000,000		DED: 1,500,000					
		YES	NO	N/A			
<input type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT:	Actual Loss Sustained; # of months:	
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE		X			Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				X			
IS DOMESTIC TERRORISM EXCLUDED?				X			
LIMITED FUNGUS COVERAGE		X			If YES, LIMIT: 2,500,000	DED: 1,500,000	
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X					
REPLACEMENT COST		X					
AGREED VALUE			X				
COINSURANCE			X		If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: 20,000,000	DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT:	DED:	
- Demolition Costs		X			If YES, LIMIT:	DED:	
- Incr. Cost of Construction		X			If YES, LIMIT: INCLUDED	DED:	
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: SEE BELOW	DED:	
FLOOD (If Applicable)		X			If YES, LIMIT: 20,000,000	DED:	
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				X	If YES, LIMIT:	DED:	
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: 20,000,000	DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X					

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 ATL-005279821-01		<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE		LENDER SERVICING AGENT NAME AND ADDRESS
CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE		NAME AND ADDRESS Atlas Property Services, Inc Atlas Property Consultants, Inc 7600 Jericho Tpke, Suite 110 Woodbury, NY 11797		
		AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee		

© 2003-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED AutoZone, Inc. 123 South Front Street Memphis, TN 38103	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property Insurance

Signature Bank, ISAOA, P.O Box 292700, Lewisville, TX 75029 is mortgagee and included as Additional Insured and Loss Payee where required by written contract.

Earthquake California: \$20,000,000 sublimit subject to a 5% \$1,500,000 minimum deductible

Earthquake Mexico: \$15,000,000 sublimit

Flood Deductible: 5% minimum \$1,500,000 for SFHA zones

Named Windstorm deductible: 3% subject to \$1,500,000 Tier one counties in TZ, LA, MS, AL, FL, GA, SC, NC, VA, HI, PR, and Mexico

All Risk of direct physical loss or damage to real and personal property on a replacement cost basis, subject to policy terms, conditions, and exclusions. Coverage includes, but is not limited to fire, extended perils such as vandalism, malicious mischief, flood, earth quake, and boiler & machinery, per policy sublimits.

Other deductibles may apply as per policy terms and conditions and sublimits.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/01/2021

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 MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN102775091-...-Prop-21-22		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Zurich American Insurance Co	NAIC NO: 16535
FAX (A/C, No):	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:	POLICY TYPE		
AGENCY CUSTOMER ID #:		LOAN NUMBER	POLICY NUMBER PPR290634723	
NAMED INSURED AND ADDRESS AutoZone Parts, Inc. Dept 8030 123 South Front Street Memphis, TN 38103-3607		EFFECTIVE DATE 06/30/2021	EXPIRATION DATE 06/30/2022	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
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
 RE: Store No. 6766-01-01, Store Location: 138 South Main Street aka 194 South Main, Port Chester, NY 10573.

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	0
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 20,000,000		DED: 1,500,000					
		YES	NO	N/A			
<input type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT:	Actual Loss Sustained; # of months:	
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE		X			Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				X			
IS DOMESTIC TERRORISM EXCLUDED?				X			
LIMITED FUNGUS COVERAGE		X			If YES, LIMIT: 2,500,000	DED: 1,500,000	
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X					
REPLACEMENT COST		X					
AGREED VALUE			X				
COINSURANCE			X		If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: 20,000,000	DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT:	DED:	
- Demolition Costs		X			If YES, LIMIT:	DED:	
- Incr. Cost of Construction		X			If YES, LIMIT: INCLUDED	DED:	
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: SEE BELOW	DED:	
FLOOD (If Applicable)		X			If YES, LIMIT: 20,000,000	DED:	
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				X	If YES, LIMIT:	DED:	
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: 20,000,000	DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X					

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		ATL-005279822-01	
CONTRACT OF SALE <input type="checkbox"/>	LENDER'S LOSS PAYABLE <input type="checkbox"/>	LOSS PAYEE <input type="checkbox"/>	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE NAME AND ADDRESS BW 138 South Main, LLC Attn: Michael Brown 9777 Queens Blvd., Suite 620 Rego Park, NY 11374-3334			AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee 

© 2003-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED AutoZone Parts, Inc. Dept 8030 123 South Front Street Memphis, TN 38103-3607	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property Insurance

BW 138 South Main, LLC and ConnectOne Bank, ISAOA/ATIMA, 2455 Morris Avenue, Union, NJ 07083 are included as Additional Insured where required by written contract. ConnectOne Bank, ISAOA/ATIMA, 2455 Morris Avenue, Union, NJ 07083 is included as Lender's Loss Payee/Mortgagee where required by written contract with respect to the property located at the above referenced location.

Earthquake California: \$20,000,000 sublimit subject to a 5% \$1,500,000 minimum deductible
 Earthquake Mexico: \$15,000,000 sublimit
 Flood Deductible: 5% minimum \$1,500,000 for SFHA zones
 Named Windstorm deductible: 3% subject to \$1,500,000 Tier one counties in TZ, LA, MS, AL, FL, GA, SC, NC, VA, HI, PR, and Mexico

All Risk of direct physical loss or damage to real and personal property on a replacement cost basis, subject to policy terms, conditions, and exclusions. Coverage includes, but is not limited to fire, extended perils such as vandalism, malicious mischief, flood, earth quake, and boiler & machinery, per policy sublimits.

Other deductibles may apply as per policy terms and conditions and sublimits.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/01/2021

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 MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN102775091-...-Prop-21-22		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Zurich American Insurance Co	NAIC NO: 16535
FAX (A/C, No):		E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:		SUB CODE:		POLICY TYPE
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER PPR290634723
NAMED INSURED AND ADDRESS AutoZone, Inc. 123 South Front Street Memphis, TN 38103		EFFECTIVE DATE 06/30/2021	EXPIRATION DATE 06/30/2022	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
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
 RE: 840 South Alvarado Street Los Angeles, CA 90057; Loan 23005/301301322

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		<input type="checkbox"/> BASIC	<input type="checkbox"/> BROAD	<input checked="" type="checkbox"/> SPECIAL	2
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 20,000,000		DED: 1,500,000			
		YES	NO	N/A	
<input type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE		X			If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		X			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				X	
IS DOMESTIC TERRORISM EXCLUDED?				X	
LIMITED FUNGUS COVERAGE		X			If YES, LIMIT: 2,500,000 DED: 1,500,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X			
REPLACEMENT COST		X			
AGREED VALUE			X		
COINSURANCE			X		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: 20,000,000 DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT: DED:
- Demolition Costs		X			If YES, LIMIT: DED:
- Incr. Cost of Construction		X			If YES, LIMIT: INCLUDED DED:
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: SEE BELOW DED:
FLOOD (If Applicable)		X			If YES, LIMIT: 20,000,000 DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				X	If YES, LIMIT: DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: 20,000,000 DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X			

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

ATL-005237251-04

<input type="checkbox"/> CONTRACT OF SALE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS Joval Development Company 1000 N Western Avenue, Suite 200 San Pedro, CA 90732			AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee 

© 2003-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED AutoZone, Inc. 123 South Front Street Memphis, TN 38103	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property Insurance

American Fidelity Assurance Company, an Oklahoma corporation, ISAOA, c/o Walker & Dunlop, LLC is/are included as Mortgagee and Loss Payee where required by written contract. Joval Development Company is/are included as Additional Insured where required by written contract.

Earthquake California: \$20,000,000 sublimit subject to a 5% \$1,500,000 minimum deductible
 Earthquake Mexico: \$15,000,000 sublimit
 Flood Deductible: 5% minimum \$1,500,000 for SFHA zones
 Named Windstorm deductible: 3% subject to \$1,500,000 Tier one counties in TZ, LA, MS, AL, FL, GA, SC, NC, VA, HI, PR, and Mexico

All Risk of direct physical loss or damage to real and personal property on a replacement cost basis, subject to policy terms, conditions, and exclusions. Coverage includes, but is not limited to fire, extended perils such as vandalism, malicious mischief, flood, earth quake, and boiler & machinery, per policy sublimits.

Other deductibles may apply as per policy terms and conditions and sublimits.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/01/2021

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 MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN102775091-...-Prop-21-22		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Zurich American Insurance Co	NAIC NO: 16535
FAX (A/C, No):		E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:		SUB CODE:		POLICY TYPE
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER PPR290634723
NAMED INSURED AND ADDRESS AutoZone, Inc. 123 South Front Street Memphis, TN 38103		EFFECTIVE DATE 06/30/2021	EXPIRATION DATE 06/30/2022	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
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
 RE: Property Address: 6265 Jericho Tpke, Commack.

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	0
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 20,000,000		DED: 1,500,000					
		YES	NO	N/A			
<input type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT:	Actual Loss Sustained; # of months:	
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE		X			Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				X			
IS DOMESTIC TERRORISM EXCLUDED?				X			
LIMITED FUNGUS COVERAGE		X			If YES, LIMIT: 2,500,000	DED: 1,500,000	
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X					
REPLACEMENT COST		X					
AGREED VALUE			X				
COINSURANCE			X		If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: 20,000,000	DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT:	DED:	
- Demolition Costs		X			If YES, LIMIT:	DED:	
- Incr. Cost of Construction		X			If YES, LIMIT: INCLUDED	DED:	
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: SEE BELOW	DED:	
FLOOD (If Applicable)		X			If YES, LIMIT: 20,000,000	DED:	
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				X	If YES, LIMIT:	DED:	
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: 20,000,000	DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X					

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

ATL-005279820-01

CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS Questus 6265 Jericho, LLC 7600 Jericho Tpke, Suite 110 Woodbury, NY 11797		AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee 

© 2003-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED AutoZone, Inc. 123 South Front Street Memphis, TN 38103	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property Insurance

Questus 6265 Jericho, LLC is included as Loss Payee where required by written contract with respect to property located at above referenced location. Signature Bank, ISAOA, P.O Box 292700 Lewisville, TX 75029 is Mortgagee and included as Additional Insured and Loss Payee where required by written contract with respect to the above referenced location.

- Earthquake California: \$20,000,000 sublimit subject to a 5% \$1,500,000 minimum deductible
- Earthquake Mexico: \$15,000,000 sublimit
- Flood Deductible: 5% minimum \$1,500,000 for SFHA zones
- Named Windstorm deductible: 3% subject to \$1,500,000 Tier one counties in TZ, LA, MS, AL, FL, GA, SC, NC, VA, HI, PR, and Mexico

All Risk of direct physical loss or damage to real and personal property on a replacement cost basis, subject to policy terms, conditions, and exclusions. Coverage includes, but is not limited to fire, extended perils such as vandalism, malicious mischief, flood, earth quake, and boiler & machinery, per policy sublimits.

Other deductibles may apply as per policy terms and conditions and sublimits.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/01/2021

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 MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN102775091-...-Prop-21-22		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Zurich American Insurance Co	NAIC NO: 16535
FAX (A/C, No):	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:	POLICY TYPE		
AGENCY CUSTOMER ID #:		LOAN NUMBER	POLICY NUMBER PPR290634723	
NAMED INSURED AND ADDRESS AutoZone Parts, Inc. Dept 8030 123 South Front Street Memphis, TN 38103-3607		EFFECTIVE DATE 06/30/2021	EXPIRATION DATE 06/30/2022	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
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
 RE: Store No. 6428-01-01 Located at 2517 Mountaineer Blvd., Charleston, WV 25309-9439.

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	0
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 20,000,000		DED: 1,500,000			
	YES	NO	N/A		
<input type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT:	Actual Loss Sustained; # of months:
BLANKET COVERAGE	X			If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE	X			Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X		
IS DOMESTIC TERRORISM EXCLUDED?			X		
LIMITED FUNGUS COVERAGE	X			If YES, LIMIT: 2,500,000	DED: 1,500,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)	X				
REPLACEMENT COST	X				
AGREED VALUE		X			
COINSURANCE		X		If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT: 20,000,000	DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT:	DED:
- Demolition Costs	X			If YES, LIMIT:	DED:
- Incr. Cost of Construction	X			If YES, LIMIT: INCLUDED	DED:
EARTH MOVEMENT (If Applicable)	X			If YES, LIMIT: SEE BELOW	DED:
FLOOD (If Applicable)	X			If YES, LIMIT: 20,000,000	DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X	If YES, LIMIT:	DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	X			If YES, LIMIT: 20,000,000	DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	X				

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

ATL-005279823-01

CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS THF-CG Charleston 211 North Stadium Blvd., Suite 201 Columbia, MO 65203		AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee 

© 2003-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED AutoZone Parts, Inc. Dept 8030 123 South Front Street Memphis, TN 38103-3607	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property Insurance

THF-CG Charleston is included as Additional Insured where required by written contract. LMF Commercial, LLC, its successors and/or assigns, as their interest may appear are Mortgagee where required by written contract with respect to property located at the above referenced location.

- Earthquake California: \$20,000,000 sublimit subject to a 5% \$1,500,000 minimum deductible
- Earthquake Mexico: \$15,000,000 sublimit
- Flood Deductible: 5% minimum \$1,500,000 for SFHA zones
- Named Windstorm deductible: 3% subject to \$1,500,000 Tier one counties in TZ, LA, MS, AL, FL, GA, SC, NC, VA, HI, PR, and Mexico

All Risk of direct physical loss or damage to real and personal property on a replacement cost basis, subject to policy terms, conditions, and exclusions. Coverage includes, but is not limited to fire, extended perils such as vandalism, malicious mischief, flood, earth quake, and boiler & machinery, per policy sublimits.

Other deductibles may apply as per policy terms and conditions and sublimits.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/01/2021

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 MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN102775091-...-Prop-21-22		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Zurich American Insurance Co	NAIC NO: 16535
FAX (A/C, No):		E-MAIL ADDRESS:		
CODE:		SUB CODE:		
AGENCY CUSTOMER ID #:		POLICY TYPE		
NAMED INSURED AND ADDRESS AutoZone, Inc. 123 South Front Street Memphis, TN 38103		LOAN NUMBER	POLICY NUMBER PPR290634723	
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 06/30/2021	EXPIRATION DATE 06/30/2022	<input type="checkbox"/> 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
 RE: Barbosa Avenue, Suite 600, San Juan PR, State Road PR #3, Guayama PR, State Road PR #2, Km 225.7, Ponce PR, 00733, State Road PR #3, Humacao PR. AutoZone Puerto Rico, Inc. is included as a Named Insured as identified in the insurance policy referenced on this certificate.

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	0
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 20,000,000		DED: 1,500,000					
		YES	NO	N/A			
<input type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE		X			If YES, LIMIT: Actual Loss Sustained; # of months:		
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE		X			Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				X			
IS DOMESTIC TERRORISM EXCLUDED?				X			
LIMITED FUNGUS COVERAGE		X			If YES, LIMIT: 2,500,000		DED: 1,500,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X					
REPLACEMENT COST		X					
AGREED VALUE			X				
COINSURANCE			X		If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: 20,000,000		DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT:		DED:
- Demolition Costs		X			If YES, LIMIT:		DED:
- Incr. Cost of Construction		X			If YES, LIMIT: INCLUDED		DED:
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: SEE BELOW		DED:
FLOOD (If Applicable)		X			If YES, LIMIT: 20,000,000		DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				X	If YES, LIMIT:		DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: 20,000,000		DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X					

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

ATL-005279819-01

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS Wells Fargo Bank, NA as Master Servicer D1118-02W 1525 West W.T. Harris Blvd. Charlotte, NC 28262		AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee 

© 2003-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED AutoZone, Inc. 123 South Front Street Memphis, TN 38103	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property Insurance

Earthquake California: \$20,000,000 sublimit subject to a 5% \$1,500,000 minimum deductible
 Earthquake Mexico: \$15,000,000 sublimit
 Flood Deductible: 5% minimum \$1,500,000 for SFHA zones
 Named Windstorm deductible: 3% subject to \$1,500,000 Tier one counties in TZ, LA, MS, AL, FL, GA, SC, NC, VA, HI, PR, and Mexico

All Risk of direct physical loss or damage to real and personal property on a replacement cost basis, subject to policy terms, conditions, and exclusions. Coverage includes, but is not limited to fire, extended perils such as vandalism, malicious mischief, flood, earth quake, and boiler & machinery, per policy sublimits.

Other deductibles may apply as per policy terms and conditions and sublimits.