



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
07/03/2024

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 Aon Risk Services South, Inc. Franklin TN Office 501 Corporate Centre Drive, Ste 300 Franklin TN 37067 USA		PHONE (A/C, NO, Ext): (866) 283-7122	COMPANY NAME AND ADDRESS Zurich American Ins Co 10 S Riverside Plaza 17th Floor Chicago IL 60606 USA		NAIC NO: 16535
FAX - (A/C, No): 800-363-0105	E-MAIL ADDRESS:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID #: 570000012731		LOAN NUMBER		POLICY NUMBER PPR290634726	
NAMED INSURED AND ADDRESS AutoZone, Inc. 123 South Front Street Memphis TN 38103 USA		EFFECTIVE DATE 6/30/2024	EXPIRATION DATE 6/30/2025	<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

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

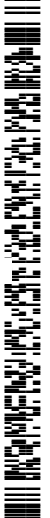
COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	SPECIAL	<input checked="" type="checkbox"/>	All Risk - Subject to Exclusions	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:		\$20,000,000		Loss Limit		DED: \$1,500,000		
<input type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	YES	NO	N/A	If YES, LIMIT: Included		Actual Loss Sustained; # of months:	
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above		Included	
TERRORISM COVERAGE		X			Attach signed 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)								
REPLACEMENT COST		X						
AGREED AMOUNT		X			Expiration Date: 6/30/2025			
COINSURANCE			X		If YES, %			
EQUIPMENT BREAKDOWN (If Applicable)			X		If YES, LIMIT:		DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT: Included		DED:	
- Demolition Costs		X			If YES, LIMIT: Included		DED:	
- Incr. Cost of Construction		X			If YES, LIMIT: Included		DED:	
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: \$20,000,000		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:					If YES, LIMIT: Included		DED:	
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:					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**

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS AutoZone, Inc. 123 South Front Street Memphis TN 38103 USA			AUTHORIZED REPRESENTATIVE <i>Aon Risk Services South Inc.</i>

Holder Identifier: None  
Certificate No : 570107114129



# ADDITIONAL REMARKS SCHEDULE

AGENCY CUSTOMER ID:  
LOC #:

570000012731

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AGENCY Aon Risk Services South, Inc.		NAMED INSURED AutoZone, Inc.	
POLICY NUMBER See Certificate Number: 570107114129			
CARRIER See Certificate Number: 570107114129	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

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

### PROPERTY INFORMATION

### REMARKS (Including Special Conditions)

Evidence of Insurance.