



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
07/16/2025

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
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FAX - (A/C, No): 800-363-0105	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
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CODE:	SUB CODE:	POLICY TYPE	
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AGENCY CUSTOMER ID #: 570000012731	LOAN NUMBER	POLICY NUMBER PPR290634727
NAMED INSURED AND ADDRESS AutoZone, Inc. 123 South Front Street Memphis TN 38103 USA	EFFECTIVE DATE 6/30/2025	EXPIRATION DATE 6/30/2026
	CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	

ADDITIONAL NAMED INSURED(S)	THIS REPLACES PRIOR EVIDENCE DATED:
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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  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 X 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: 6/30/2026	
COINSURANCE		X	%
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: \$1,500,000
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.

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	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 : 570114445410



# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services South, Inc.		NAMED INSURED AutoZone, Inc.	
POLICY NUMBER See Certificate Number		570114445410	
CARRIER See Certificate Number	570114445410	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.



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Limits of Liability (Page 1 of 2)

LIMITS OF LIABILITY

Covered Cause of Loss (not otherwise specifically stated)  
 \$1,500,000 PD and TE combined  
 At any and all premises caused by a covered cause of loss; except as may be stated hereon or elsewhere.

Earth Movement

\$1,500,000 PD and TE combined  
 At any and all premises; except,

5% of the Actual Value per Unit of Insurance at the time when such loss occurs due to Earthquake at locations in the State of California, subject to a minimum of US\$1,500,000 per occurrence in total for all Units of Insurance per Occurrence irrespective of the number of locations involved. This deductible shall apply only to those Units of Insurance suffering a loss in the Occurrence and for which a claim is being made.

The above deductibles shall not apply to ensuing physical loss, damage or destruction arising from a peril not otherwise excluded herein.

In no event shall the deductible amount for all loss or damage caused by earth movement in any one (1) occurrence be less than \$1,500,000 PD and TE combined.

Earth Movement sublimit of \$15,000,000 for locations in Mexico.

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CARRIER See Certificate Number 570114445410	NAIC CODE	EFFECTIVE DATE:	

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Limits of Liability (Page 2 of 2)

LIMITS OF LIABILITY (continued from Previous Page).

Flood

\$1,500,000 PD and TE combined At any and all premises, except:

5% of the Actual Value per Unit of Insurance at the time when such loss occurs due to Flood at locations wholly situated in a Special Flood Hazard Area, subject to a minimum of \$1,500,000 per occurrence in total for all Units of Insurance per Occurrence irrespective of the number of locations involved. This deductible shall apply only to those Units of Insurance suffering a loss in the Occurrence and for which a claim is being made. However, this Special Flood Hazard Area deductible shall not apply to loss involving personal property, buildings, or structures wholly located outside an area designated as a Special Flood Hazard Area.

The above deductibles shall not apply to ensuing physical loss, damage or destruction arising from a peril not otherwise excluded herein.

In no event shall the deductible amount for all loss or damage caused by flood in any one (1) occurrence be less than \$1,500,000 PD and TE combined.

Named Storm

\$1,500,000 PD and TE combined  
 At any and all premises; except,

3% of the Actual Value per Unit of Insurance at the time when such loss occurs due to Named Storm at locations within the Tier One counties of Texas (excluding Harris County), Louisiana, Mississippi, Alabama, Florida (entire state), Georgia, South Carolina, North Carolina, Virginia, Hawaii, Commonwealth of Puerto Rico and Mexico, subject to a minimum of USD 1,500,000 per occurrence in total for all Units of Insurance per Occurrence irrespective of the number of locations involved. This deductible shall apply only to those Units of Insurance suffering a loss in the Occurrence and for which a claim is being made.

In no event shall the deductible amount for all loss or damage caused by named storm wind in any one (1) occurrence be less than \$1,500,000 PD and TE combined.