





**MARTY KIAR**  
**BROWARD**  
 COUNTY  
 PROPERTY APPRAISER

Site Address	816 NW 6 AVENUE, FORT LAUDERDALE FL 33311-7223	ID #	4942 34 06 4650
Property Owner	BRODY FAMILY INVESTMENTS LLC	Millage	0312
Mailing Address	421 MALLARD RD WESTON FL 33327	Use	48

Abbreviated Legal Description	PROGRESSO 2-18 D LOT 35,36 BLK 264
-------------------------------	------------------------------------

The just values displayed below were set in compliance with Sec. 193.011, Fla. Stat., and include a reduction for costs of sale and other adjustments required by Sec. 193.011(8).

Property Assessment Values					
Click here to see 2016 Exemptions and Taxable Values as reflected on the Nov. 1, 2016 tax bill.					
Year	Land	Building / Improvement	Just / Market Value	Assessed / SOH Value	Tax
2017	\$67,500	\$189,440	\$256,940	\$256,940	
2016	\$67,500	\$166,480	\$233,980	\$233,980	\$4,671.95
2015	\$67,500	\$138,760	\$206,260	\$206,260	\$4,258.76

2017 Exemptions and Taxable Values by Taxing Authority				
	County	School Board	Municipal	Independent
Just Value	\$256,940	\$256,940	\$256,940	\$256,940
Portability	0	0	0	0
Assessed/SOH	\$256,940	\$256,940	\$256,940	\$256,940
Homestead	0	0	0	0
Add. Homestead	0	0	0	0
Wid/Vet/Dis	0	0	0	0
Senior	0	0	0	0
Exempt Type	0	0	0	0
Taxable	\$256,940	\$256,940	\$256,940	\$256,940

Sales History			
Date	Type	Price	Book/Page or CIN
10/7/2015	WD*-E	\$594,000	113282042
2/1/1996	WD*	\$175,000	24461 / 92
12/11/1995	CE*	\$100	24261 / 846
			6342 / 761

Land Calculations		
Price	Factor	Type
\$10.00	6,750	SF
Adj. Bldg. S.F. (Card, Sketch)		4480
Eff./Act. Year Built: 1951/1950		

\* Denotes Multi-Parcel Sale (See Deed)

Special Assessments								
Fire	Garb	Light	Drain	Impr	Safe	Storm	Clean	Misc
03								
W								
4480								



**MARTY KIAR**  
**BR** **WARD**  
 COUNTY  
 PROPERTY APPRAISER

Site Address	816A NW 6 AVENUE, FORT LAUDERDALE FL 33311-7223	ID #	4942 34 06 4640
Property Owner	BRODY FAMILY INVESTMENTS LLC	Millage	0312
Mailing Address	421 MALLARD RD WESTON FL 33327	Use	48

Abbreviated Legal Description	PROGRESSO 2-18 D LOT 33,34 BLK 264
-------------------------------	------------------------------------

The just values displayed below were set in compliance with Sec. 193.011, Fla. Stat., and include a reduction for costs of sale and other adjustments required by Sec. 193.011(8).

Property Assessment Values					
Click here to see 2016 Exemptions and Taxable Values as reflected on the Nov. 1, 2016 tax bill.					
Year	Land	Building / Improvement	Just / Market Value	Assessed / SOH Value	Tax
2017	\$67,500	\$291,140	\$358,640	\$358,290	
2016	\$67,500	\$258,220	\$325,720	\$325,720	\$6,511.85
2015	\$67,500	\$217,450	\$284,950	\$284,950	\$5,892.85

2017 Exemptions and Taxable Values by Taxing Authority				
	County	School Board	Municipal	Independent
Just Value	\$358,640	\$358,640	\$358,640	\$358,640
Portability	0	0	0	0
Assessed/SOH	\$358,290	\$358,640	\$358,290	\$358,290
Homestead	0	0	0	0
Add. Homestead	0	0	0	0
Wid/Vet/Dis	0	0	0	0
Senior	0	0	0	0
Exempt Type	0	0	0	0
Taxable	\$358,290	\$358,640	\$358,290	\$358,290

Sales History			
Date	Type	Price	Book/Page or CIN
10/7/2015	WD*-E	\$594,000	113282042
2/1/1996	WD*	\$175,000	24461 / 92
12/11/1995	CE*	\$100	24261 / 846
			6342 / 761

Land Calculations		
Price	Factor	Type
\$10.00	6,750	SF
Adj. Bldg. S.F. (Card, Sketch)		5681
Eff./Act. Year Built: 1955/1954		

\* Denotes Multi-Parcel Sale (See Deed)

Special Assessments								
Fire	Garb	Light	Drain	Impr	Safe	Storm	Clean	Misc
03								
W								
5681								

PREPARED BY & RETURN TO:

Name: Arianna Goldman, Esq. an employee of  
Harbor Title, Inc.  
Address: 1000 Seminole Drive  
Suite 500  
Fort Lauderdale, FL 33304  
File No. 1504-005GR

Parcel No.: 494234064630; 494234064640; 494234064650

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This **WARRANTY DEED**, made the 7th day of October, 2015, by **GLEN DAVID MARTIN**, a married man, hereinafter called the Grantor, to **BRODY FAMILY INVESTMENTS, LLC**, a Florida limited liability company, having its principal place of business at **421 MALLARD ROAD, Weston, FL 33327**, hereinafter called the Grantee:

WITNESSETH: That the Grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee all that certain land situate in County of Broward, State of Florida, viz:

**Lots 32, 33, 34, 35 and 36, Block 264, PROGRESSO, according to the Plat thereof, recorded in Plat Book 2, Page 18, of the Public Records of Dade County, Florida, said lands situate, lying and being in Broward County, Florida.**

TOGETHER WITH all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

THE ABOVE-DESCRIBED PROPERTY IS NOT THE CONSTITUTIONAL HOMESTEAD OF THE GRANTOR, NOR IS IT CONTIGUOUS TO SUCH. GRANTOR'S HOMESTEAD PROPERTY IS LOCATED AT: 4 NW 1<sup>ST</sup> STREET, OAKLAND PARK, FL.

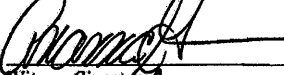
SUBJECT TO TAXES FOR THE YEAR 2015 AND SUBSEQUENT YEARS, RESTRICTIONS, RESERVATIONS, COVENANTS AND EASEMENTS OF RECORD, IF ANY.

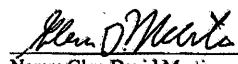
TO HAVE AND TO HOLD the same in fee simple forever.

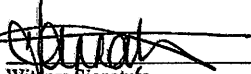
And the Grantor hereby covenants with the Grantee that the Grantor is lawfully seized of said land in fee simple, that the Grantor has good right and lawful authority to sell and convey said land and that the Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever. Grantor further warrants that said land is free of all encumbrances, except as noted herein and except taxes accruing subsequent to December 31, 2014.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:

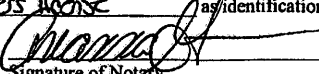
  
Witness Signature  
Printed Name: Arianna Goldman Jenkins

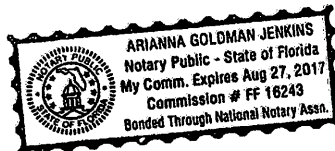
 L.S.  
Name: Glen David Martin  
Address: 816-B NW 6 Avenue, Fort Lauderdale, FL 33311

  
Witness Signature  
Printed Name: Amanda Valentin

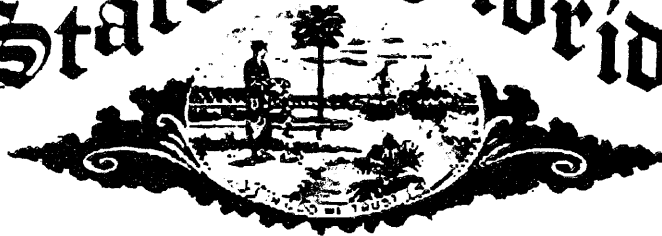
STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 7th day of October, 2015, by Glen David Martin, who is personally known to me or who has produced FL Drivers License as identification.

  
Signature of Notary  
Printed Name:  
My commission expires:



# State of Florida



## Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of CRAIG BRODY INVESTMENTS, INC., a corporation organized under the Laws of the State of Florida, filed on May 24, 1989, as shown by the records of this office.

The document number of this corporation is K90495.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
24th day of May, 1989.

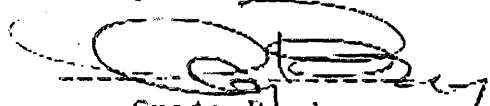


CR2EO22 (6-88)

A handwritten signature in cursive script, appearing to read 'Jim Smith'.

**Jim Smith**  
Secretary of State

In witness whereof, the undersigned subscriber has executed these articles of Incorporation this 10th day of May, 1989.

  
Craig Brody

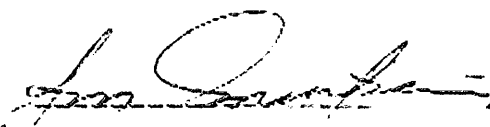
State of Florida >  
> SS  
County of Broward >

Before me, a notary public, authorized to take acknowledgements in the State of Florida and County set forth above, personally appeared Craig Brody known to me and known by me to be the person who executed the foregoing articles of Incorporation, and he acknowledged before me that he executed those articles of Incorporation.

In witness whereof, I have hereunto set my hand and affixed my official seal in the state and county aforesaid this 10th day of May, 1989.

Seal

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXP. OCT. 20, 1992  
BONDED THROUGH GENERAL INS. CO.

  
Notary Public  
State of Florida



**FLORIDA DEPARTMENT OF STATE**  
Glenda E. Hood  
Secretary of State

March 16, 2004

**SPIEGEL & UTRERA, P.A.**  
1840 SOUTHWEST 22 STREET  
4TH FLOOR  
MIAMI, FL 33145

The Articles of Incorporation for C. BRODY INVESTMENT MOTORCARS, INC. were filed on March 16, 2004 and assigned document number P04000046700. Please refer to this number whenever corresponding with this office regarding the above corporation.

**PLEASE NOTE:** Compliance with the following procedures is essential to maintaining your corporate status. Failure to do so may result in dissolution of your corporation.

A corporation annual report must be filed with this office between January 1 and May 1 of each year beginning with the calendar year following the year of the filing/effective date noted above and each year thereafter. Failure to file the annual report on time may result in administrative dissolution of your corporation.

A federal employer identification (FEI) number must be shown on the annual report form prior to its filing with this office. Contact the Internal Revenue Service to insure that you receive the FEI number in time to file the annual report. To obtain a FEI number, contact the IRS at 1-800-829-3676 and request form SS-4.

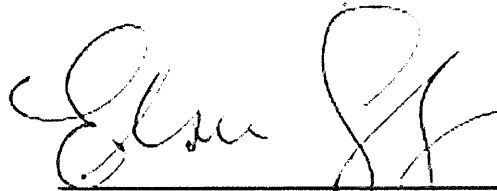
Should your corporate mailing address change, you must notify this office in writing, to insure important mailings such as the annual report notices reach you.

Should you have any questions regarding corporations, please contact this office at the address given below.

Judy Sadler, Corporate Section Administrator  
Public Assistance

Letter Number: 504A00017439

IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida, this \_\_\_\_\_.

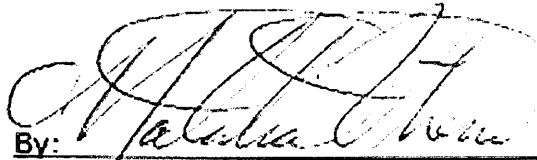


Elsie Sanchez, Incorporator

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF INCORPORATION**

Spiegel & Utrera, P.A., having a business office identical with the registered office of the Corporation name above, and having been designated as the Registered Agent in the above and foregoing Articles of Incorporation, is familiar with and accepts the obligations of the position of Registered Agent under the applicable provisions of the Florida Statutes.

Spiegel & Utrera, P.A.



By: Natalia Utrera  
Natalia Utrera, Vice President

FILED  
CLERK OF CIRCUIT COURT  
MIAMI, FLORIDA  
01 10 2016 10:01 AM



**SPIEGEL & UTRERA, P.A.**

LAWYERS  
www.amerilawyer.com

1840 CORAL WAY, 4<sup>TH</sup> FLOOR, MIAMI, FLORIDA 33145 - (305) 854-6000 - (800) 603-3900 - FACSIMILE (305) 857-3700  
MAILING ADDRESS - POST OFFICE BOX 450605, MIAMI, FL. 33245-0605

CAM # 17-0937

Exhibit 2

Page 8 of 11





# FLOOD POLICY DECLARATIONS

Hartford Insurance Company of the Midwest

Standard Policy

**Type:** Renewal  
**Policy Period:** 10/22/2016 To 10/22/2017  
**Form:** General Property

**For payment status, call:** (888) 245-7274  
These Declarations are effective  
as of: 10/22/2016 at 12:01 AM

Address Info

**Producer Name and Mailing Address:**  
STUCKEY AND COMPANY  
201 HAWK RIDGE DR STE 200  
LAKE ST LOUIS, MO 63367 1828

**Insured Name and Mailing Address:**  
BRODY FAMILY INVESTMENTS LLC  
421 MALLARD RD  
WESTON, MO 64095-1121

**NFIP Policy Number:** 8705672898  
**Agent/Agency #:** 04500 84530-000  
**Reference #:**  
**Phone #:** (636) 625-8809

**NAIC Number:** 10687  
**Processed by:**  
Flood Insurance Processing Center  
P.O. Box 2057 Kalispell MT 59903-2057

Property Info

**Property Location:**  
816 NW 4TH AVE  
FORT LAUDERDALE, FL 33411-7273

**Building Description:**  
Non Res. Business  
One Floor  
Slab On Grade  
Commercial Lessors Risk  
Joisted Masonry

**Primary Residence:** N  
**Premium Payor:** Insured  
**Flood Risk/Rated Zone:** AH **Current Zone:**  
**Community Number:** 12 5105 0369 R  
**Community Name:** FORT LAUDERDALE, CITY OF  
**Grandfathered:** No  
**Pre-Fire Construction**  
**Program Type:** Regular

**Newly Mapped into SFHA:**  
**Elev Diff:** 1  
**Elevated Building:** N  
**No Addition(s) and Extension(s)**  
**Replacement Cost:** 2646,800  
**Number of Units:** 1

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation		
Building:	500,000	1,560.7	250	1.250	16.0	1,739.00	Premium Subtotal:	4,706.00
Contents:	100,000	1,000.7	100	1.000	13.0	1,242.00	ICC Premium:	4.00
Contents Location:	Lowest Floor Only Above Ground Level						CRS Discount:	958.00
							Reserve Fund Assmt:	575.00
							HFIAA Surcharge:	250.00
							Federal Policy Fee:	50.00
							Prohibition Surcharge:	00
							Endorsement Amount:	00
							<b>Total Premium Paid:</b>	<b>4,707.00</b>

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

**First Mortgage:**  
HOMEBASE BANK  
PO BOX 274343  
IRVING, TX 75029 4343  
Loan#: Tod

**Loss Payee:**

**Second Mortgage:**

**Disaster Agency:**

This Declaration Page, in conjunction with the policy, constitutes your Flood Insurance Policy.  
In WITNESS WHEREOF, we have signed this policy below and hereby enter into this Insurance Agreement

*Douglas Elliot*  
Douglas Elliot, President

*Terence Shields*  
Terence Shields, Secretary



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
09/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES ETC. V. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER <b>TMK RISK MANAGEMENT, INC DBA KALLMAN INSURANCE AGENCY P O BOX 266736 WESTON, FL 33326</b>	CONTACT NAME <b>ALISON KALLMAN</b>	FAX (A/C, No): <b>954-389-6661</b>
	PHONE (A/C, No, Ext): <b>954-389-5897</b>	E-MAIL ADDRESS: <b>AKALLMAN@TMKRISK.COM</b>
INSURED <b>BRODY FAMILY INVESTMENTS LLC 421 MALLARD RD WESTON, FL 33327</b>	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	<b>CAPACITY INSURANCE COMPANY</b>
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES                      CERTIFICATE NUMBER:      101548                      REVISION NUMBER:


LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**116 NW 6 AVE, FORT LAUDERDALE, FL 33311**

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR	TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A		PROPERTY	CPP01008913A	10/07/2016	10/07/2017	X BUILDING	\$ 750,000
		CAUSES OF LOSS					
		BASIC				X BUSINESS INCOME	\$ 20,000
		BROAD				X EXTRA EXPENSE	\$ INCLUDED
		SPECIAL					
		EARTHQUAKE					
		WIND					
		FLOOD					
		INLAND MARINE	TYPE OF POLICY				
		CAUSES OF LOSS					
		NAMED PERILS	POLICY NUMBER				
		CRIME					
		TYPE OF POLICY					
A	X	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	CPP01008913A	10/7/2016	10/7/2017	X EQUIP BRKDWN	\$ INCLUDED

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**5% OF TOTAL INSURED VALUES WINDSTORM & HAIL DEDUCTIBLE**

CERTIFICATE HOLDER LISTED AS LENDER LOSS PAYEE/MORTGAGEE

<b>CERTIFICATE HOLDER</b> <b>STONEGATE</b>  STONEGATE BANK ISAOA ATIMA PO BOX 294343 LEWISVILLE, TX 75029-4343 F: 954-660-9240	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

© 1995-2009 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/13/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  <b>TMK RISK MANAGEMENT INC DBA KALLMAN INSURANCE AGENCY PO BOX 266736 WESTON FL 33326</b>	CONTACT NAME <b>ALISON KALLMAN</b>	FAX (A/C, No): <b>954-389-6661</b>	
	PHONE (A/C, No, Ext): <b>954-389-5897</b>	E-MAIL ADDRESS: <b>AKALLMAN@TMKRISK.COM</b>	
INSURED  <b>BRODY FAMILY INVESTMENTS LLC 421 MALLARD RD WESTON, FL 33327</b>	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: <b>CAPACITY INSURANCE CO</b>		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

**COVERAGES**                      **CERTIFICATE NUMBER: 104488**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>			CPP01008913A	10/7/2016	10/7/2017	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ INCLUDED
								\$
								\$
								\$
								\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	<b>EXCESS LIAB</b>							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED							\$
	RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

LOCATION: 816 NW 6 AVE, FORT LAUDERDALE, FL 33311

## CERTIFICATE HOLDER

## CANCELLATION

FOR YOUR INFORMATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Thomas M. Kallman*

© 1988-2010 ACORD CORPORATION. All rights reserved.