EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY): 8/4/2026

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 Haylor Freyer & Coon, Inc. PO Box 4743 Syracuse, NY 13221	**PHONE (A/C, No, Ext):** 315-451-1500 **FAX (A/C, No):** 315-362-5757 **E-MAIL ADDRESS:** certificates@haylor.com
CODE:	**SUB CODE:**
AGENCY CUSTOMER ID #:	
NAMED INSURED AND ADDRESS Quaker Hollow H.O. Association c/o Fairwood Realty Mgmt 786 Terrace Blvd, Ste 1 Depew NY 14043	
ADDITIONAL NAMED INSURED(S)	

COMPANY NAME AND ADDRESS Fidelity & Guaranty Insurance Company Discover Re c/o Discovery Managers 5 Batterson Park Farmington, CT 06032	**NAIC NO:** 35386
IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
POLICY TYPE Package	
LOAN NUMBER	**POLICY NUMBER** BIPC24468272642
EFFECTIVE DATE 01/01/2026	**EXPIRATION DATE** 01/01/2027 ☐ 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
6029 Quaker Hollow Road, Orchard Park, NY 14127
See Attached...

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 ☐

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: $ 34,210,833 DED: 5,000

	YES	NO	N/A		
☒ BUSINESS INCOME ☐ RENTAL VALUE	X			If YES, LIMIT:	☒ Actual Loss Sustained; # of months: 12
BLANKET COVERAGE	X			If YES, indicate value(s) reported on property identified above: $ 34,210,833	
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:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X		
REPLACEMENT COST	X				
AGREED VALUE		X			
COINSURANCE	X			If YES, 100 %	
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT: 100,000	DED: 5,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT: Incl in bldg lim	DED: 5,000
- Demolition Costs	X			If YES, LIMIT: 10,000	DED: 5,000
- Incr. Cost of Construction	X			If YES, LIMIT: 10,000	DED: 5,000
EARTH MOVEMENT (If Applicable)		X		If YES, LIMIT:	DED:
FLOOD (If Applicable)		X		If YES, LIMIT:	DED:
WIND / HAIL INCL ☒ YES ☐ NO Subject to Different Provisions:		X		If YES, LIMIT:	DED:
NAMED STORM INCL ☒ YES ☐ NO Subject to Different Provisions:		X		If YES, LIMIT:	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 ☐ LOSS PAYEE
☐ MORTGAGEE ☐

NAME AND ADDRESS

Proof of Insurance

LENDER SERVICING AGENT NAME AND ADDRESS

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY Haylor Freyer & Coon, Inc.	**NAMED INSURED** Quaker Hollow H.O. Association c/o Fairwood Realty Mgmt 786 Terrace Blvd, Ste 1 Depew NY 14043
POLICY NUMBER BIPC24468272642	
CARRIER Fidelity & Guaranty Insurance Company **NAIC CODE** 35386	**EFFECTIVE DATE:** 01/01/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 28 **FORM TITLE:** EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

LOCATION/DESCRIPTION:

6059 Quaker Hollow Road, Orchard Park, NY 14127
6033 Quaker Hollow Road, Orchard Park, NY 14127
6055 Quaker Hollow Road, Orchard Park, NY 14127
6053 Quaker Hollow Road, Orchard Park, NY 14127
6051 Quaker Hollow Road, Orchard Park, NY 14127
6039 Quaker Hollow Road, Orchard Park, NY 14127
6035 Quaker Hollow Road, Orchard Park, NY 14127
6021 Quaker Hollow Road, Orchard Park, NY 14127
6047 Quaker Hollow Road, Orchard Park, NY 14127
6025 Quaker Hollow Road, Orchard Park, NY 14127
6027 Quaker Hollow Road, Orchard Park, NY 14127
6037 Quaker Hollow Road, Orchard Park, NY 14127
6049 Quaker Hollow Road, Orchard Park, NY 14127
(57 Total Units)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/4/2026

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 have ADDITIONAL INSURED provisions or 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 Haylor, Freyer & Coon, Inc. PO Box 4743 Syracuse NY 13221	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 315-451-1500 **FAX (A/C, No):** **E-MAIL ADDRESS:** certificates@haylor.com
INSURED QUAKERHOLL Quaker Hollow H.O. Association c/o Fairwood Realty Mgmt 786 Terrace Blvd, Ste 1 Depew NY 14043	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Pennsylvania Manufacturers Assoc. Ins. — 12262 **INSURER B :** Fidelity & Guaranty Insurance Company — 35386 **INSURER C :** Travelers Indemnity Company — 25658 **INSURER D :** Charter Oak Fire Ins. Co. — 25615 **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 837160180 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			BIPC24468272642	1/1/2026	1/1/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	**AUTOMOBILE LIABILITY** ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			BIPC24468272642	1/1/2026	1/1/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED X RETENTION $ 10,000			CUPC24489372642	1/1/2026	1/1/2027	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
D	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below			UBC29295362642	1/11/2026	1/11/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
A	Employee Dishonesty			4126011369859Y	1/1/2026	1/1/2027	Limit: $1,000,000	$10,000 Ded.

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

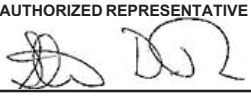
CERTIFICATE HOLDER

Proof of Insurance

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.

AUTHORIZED REPRESENTATIVE



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