



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
3/2/2018

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 Commercial Insurance Solutions Group 3933 Elm Street Dallas, TX 75226		PHONE (A/C, No, Ext): (972) 613-2224	COMPANY NAME AND ADDRESS Ironshore Specialty Insurance Company One State Street Plaza New York, NY 10006		NAIC NO: 25445
Contact name:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH			
FAX (A/C, No): (972) 613-3919		E-MAIL ADDRESS: info@cis-ais.com			
CODE:		SUB CODE:		POLICY TYPE Property	
AGENCY CUSTOMER ID #: 5800WEL-01		LOAN NUMBER		POLICY NUMBER 003456000	
NAMED INSURED AND ADDRESS New Aspen Management, LLC DBA GVA Property Management 500 West 2nd St. Suite 1900 Mailbox #29 Austin, TX 78701		EFFECTIVE DATE 3/1/2018		EXPIRATION DATE 3/1/2019	
ADDITIONAL NAMED INSURED(S) 1830 Spring Branch Dr., LLC		THIS REPLACES PRIOR EVIDENCE DATED:		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
1830 Spring Branch Drive, Madison, TN 37115, Meadowbrook Apts.

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: \$ 5,986,630		DED: 10,000	
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	YES NO N/A	If YES, LIMIT: 807,756 <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12
BLANKET COVERAGE		<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$ 6,804,386
TERRORISM COVERAGE		<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>	
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>	
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>	
REPLACEMENT COST		<input checked="" type="checkbox"/>	
AGREED VALUE		<input checked="" type="checkbox"/>	
COINSURANCE		<input checked="" type="checkbox"/>	If YES, %
EQUIPMENT BREAKDOWN (if Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: 6,804,836 DED: 10,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>	If YES, LIMIT: 5,986,630 DED: 10,000
- Demolition Costs		<input checked="" type="checkbox"/>	If YES, LIMIT: 598,663 DED: 10,000
- Incr. Cost of Construction		<input checked="" type="checkbox"/>	If YES, LIMIT: 598,663 DED: 10,000
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>	If YES, LIMIT: 6,804,386 DED: 25,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>	If YES, LIMIT: 6,804,386 DED: 25,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>	

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

<input checked="" type="checkbox"/> CONTRACT OF SALE <input checked="" type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS AUTHORIZED REPRESENTATIVE <i>[Signature]</i>
NAME AND ADDRESS Wells Fargo Bank, National Association, Master Servicer 4601 College Blvd., Suite 300 Leawood, KS 66211		



ADDITIONAL REMARKS SCHEDULE

AGENCY Commercial Insurance Solutions Group		NAMED INSURED New Aspen Management, LLC DBA GVA Property Management 500 West 2nd St. Suite 1900 Mailbox #29 Austin, TX 78701	
POLICY NUMBER 003456000		EFFECTIVE DATE: 03/01/2018	
CARRIER Ironshore Specialty Insurance Company	NAIC CODE 25445		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:

Policy includes 30 day notice of cancellation, except 10 days for non payment of premium. \$10,000 contents included.

Wells Fargo Bank, National Association, Master Servicer, on behalf of Deutsche Bank Trust Company Americas, Trustee, for the benefit of the Series 2017-K36 Certificate holders ISAOA ATIMA Pillar;