



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/18/2018

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 Trigen-Atlanta 1100 Circle 75 Parkway, Suite 1350 Atlanta, GA 30339	PHONE (A/C, No, Ext): (678) 981-1915	COMPANY NAME AND ADDRESS Lexington Insurance Company 100 Summer Street Boston, MA 02110	NAIC NO: 19437
Contact name:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
FAX (A/C, No): (678) 802-4709	E-MAIL ADDRESS: moneal@trigenolutions.com	POLICY TYPE Property	
CODE:	SUB CODE:	LOAN NUMBER 301005722	POLICY NUMBER 011144272
AGENCY CUSTOMER ID #: AMBLPRO-01	NAMED INSURED AND ADDRESS Ambling Property Investments, LLC 348 Enterprise Drive Valdosta, GA 31601	EFFECTIVE DATE 8/22/2017	EXPIRATION DATE 8/22/2018
ADDITIONAL NAMED INSURED(S)	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
See Additional Remarks

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: \$ 50,000,000	DED: 10,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE	YES NO N/A
BLANKET COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TERRORISM COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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"/> <input type="checkbox"/> <input type="checkbox"/>
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"/>
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>
- Demolition Costs	<input checked="" type="checkbox"/>
- Incr. Cost of Construction	<input checked="" type="checkbox"/>
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>
FLOOD (If Applicable)	<input checked="" type="checkbox"/>
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>
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"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS Walker & Dunlop (See Description of Operations) PO Box 25996 Shawnee Mission, KS 66225-5996			AUTHORIZED REPRESENTATIVE

**ADDITIONAL REMARKS SCHEDULE**

AGENCY Trigen-Atlanta		NAMED INSURED Ambling Property Investments, LLC 348 Enterprise Drive Valdosta, GA 31601	
POLICY NUMBER 011144272			
CARRIER Lexington Insurance Company	NAIC CODE 19437	EFFECTIVE DATE: 08/22/2017	

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:

30 Days Notice of Cancellation (except 10 days for non-payment) applies per the policy provisions.

PROPERTY INSURANCE COMPANIES - Effective: 08/22/17 - 08/22/18:**1. Deductible Buy Back:**

- Policy #AOP-170359, written through Underwriters at Lloyd's (AIIN #: AA1122000) - 100% Participation

2. Primary \$5M Limit Layer:

- Policy #011144272 written through Lexington Insurance Company (NAIC #: 19437) - 100% Participation

3. \$45M Limit xs \$5M Limit Layer:

- Policy #795 006541 written through Homeland Insurance Company of NY (NAIC #: 34452) - 100% Participation

Business Income includes Extra Expense and includes a 365 day extended period of indemnity. The coverage is valued on an Actual Loss Sustained basis up to the policy limit and is not limited to a number of months. No waiting period applies.

Earth Movement Coverage is included with a \$5,000,000 per occurrence and annual aggregate limit (excluding locations in California, Alaska, Hawaii and/or Puerto Rico Earth Movement, New Madrid and Pacific Northwest Earthquake Zone Counties, as defined by the policy.) A \$50,000 deductible per occurrence applies.

Flood Coverage is included with a \$5,000,000 per occurrence and annual aggregate limit. The following deductibles apply:

1. \$50,000 Per Occurrence, except as follows:

2. With respect to buildings partially or wholly exposed to areas of frequent flooding (less than 100 year frequency) within Special Flood Hazard Areas (SFHA), as defined by the Federal Emergency Management Agency (if these locations are not excluded elsewhere in this policy with respect to the peril of flood), the deductible shall be \$250,000 per Building, \$100,000 per Contents, and \$100,000 Business Interruption per any one occurrence.

Wind/Hail and Named Storm coverage is included in the \$50,000,000 blanket limit. Named Storm coverage is excluded for locations in Florida. The Named Storm deductible is \$100,000 per occurrence.

Ordinance or Law Coverage D (Increased Period of Restoration) is included in the policy limit.

TERRORISM COVERAGE:

- Policy # UTS2530280.18 written through Underwriters at Lloyd, London (AIIN #: AA1122000), Effective: 04/05/18 - 04/05/19

- Terrorism Limit is \$50,000,000 each occurrence/aggregate.

- Rental Income is included in the limit. Coverage is valued on an Actual Loss Sustained basis and is not limited to a number of months.

- The Terrorism deductible is \$10,000 each occurrence combined for all coverages.

EQUIPMENT BREAKDOWN COVERAGE:

- Policy #FBP2324204 written through The Hartford Steam Boiler Inspection & Ins Co (NAIC #: 11452), Effective 4/05/18 - 04/05/19

Location: Park Trace - 100 Parkwood Trace Drive, Jackson, TN 38301

Additional Named Insured: Madison Partners, LP

Certificate Holder: Walker & Dunlop, LLC, as sub-servicer on behalf of Wells Fargo Bank, National Association, as Master Servicer on behalf of Deutsche Bank Trust Company Americas, as trustee for the registered Holders of J.P. Morgan Chase Commercial Mortgage Securities Corp., Multifamily Mortgage Pass-Through Certificates, Series 2016-KW01 Walker & Dunlop, LLC PO Box 25996 Shawnee Mission, KS 66225-5996



AGENCY CUSTOMER ID: AMBLPRO-01

MLAVINDER

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 2 of 2

AGENCY Trigen-Atlanta		NAMED INSURED Ambling Property Investments, LLC 348 Enterprise Drive Valdosta, GA 31601	
POLICY NUMBER 011144272			
CARRIER Lexington Insurance Company	NAIC CODE 19437	EFFECTIVE DATE: 08/22/2017	

ADDITIONAL REMARKS

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/06/2018

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 Trigen-Atlanta 1100 Circle 75 Parkway, Suite 1350 Atlanta, GA 30339		CONTACT NAME: PHONE (A/C, No, Ext): (678) 981-1915 E-MAIL ADDRESS: moneal@trigenolutions.com FAX (A/C, No): (678) 802-4709	
INSURED Ambling Property Investments, LLC 348 Enterprise Drive Valdosta, GA 31601	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : First Specialty Insurance Corp		34916
	INSURER B : QBE Specialty Insurance Company		11515
	INSURER C : AIG Specialty Insurance Company		26883
	INSURER D :		
	INSURER E :		

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

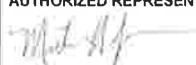
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		IRG 2002479 03	04/05/2018	04/05/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$ 10,000
A	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			IRG 2002479 03	04/05/2018	04/05/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductible \$ 10,000
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		X	EASU104485	04/05/2018	04/05/2019	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Pollution Liability			PLC 1066383	05/26/2015	05/26/2018	See Descrip of Ops

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 30 Days Notice of Cancellation (except 10 Days for non-payment) applies per the policy terms and conditions.

The General Aggregate Limit on the above General Liability policy is capped at \$10,000,000
The \$25,000,000 Excess Liability Limit is comprised of the following policies:
1. QBE Specialty Insurance Company (NAIC #: 11515); Policy #EASU104485; Limits: \$10,000,000; Effective Dates: 04/05/18 - 04/05/19
2. Liberty Insurance Underwriters, Inc. (NAIC #: 19917); Policy #1000097063-05; Limits: \$15,000,000 excess of \$10,000,000; Effective Dates: 04/05/18 - 04/05/19
Terrorism coverage (as provided by the Terrorism Risk Insurance Act) is included on the above General Liability and Excess Liability policies.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER Walker & Dunlop, LLC (See Remarks) P.O. Box 25996 Shawnee Mission, KS 66225	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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ADDITIONAL REMARKS SCHEDULE

AGENCY Trigen-Atlanta		NAMED INSURED Ambling Property Investments, LLC 348 Enterprise Drive Valdosta, GA 31601	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: **ACORD 25** FORM TITLE: **Certificate of Liability Insurance**

Description of Operations/Locations/Vehicles:

Pollution Liability Limit - \$3,000,000 Each Incident / \$5,000,000 Aggregate Limit; \$25,000 Deductible Each Incident

Certificate Holder is an additional insured with respect to general liability & following form excess liability policies if required by written contract with the named insured, per the terms and conditions of the policies.

Locaiton: Park Trace - 100 Parkwood Trace, Jackson, TN 38301

Additional Named Insured: Madison Partners, L.P.

Loan #: 301005722

Full Certificate Holder Name:

Walker & Dunlop, LLC, as sub-servicer on behalf of Wells Fargo Bank, National Association, as Master Servicer on behalf of Deutsche Bank Trust Company Americas, as trustee for the registered Holders of J.P. Morgan Chase Commercial Mortgage Securities Corp., Multifamily Mortgage Pass-Through Certificates, Series 2016-KW01 Walker & Dunlop, LLC PO Box 25996 Shawnee Mission, KS 66225-5996