



AMBLPRO-01

MLAVINDER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/01/2018

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	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: First Specialty Insurance Corp	
		INSURER B: QBE Specialty Insurance Company	
		INSURER C: AIG Specialty Insurance Company	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		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	AUTOMOBILE LIABILITY <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		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 If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> 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	CANCELLATION
Walker & Dunlop, LLC (See Description of Operations) PO Box 25996 Shawnee Mission, KS 66225-5996	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



ADDITIONAL REMARKS SCHEDULE

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

Location: **Park Village, 918 Rocky Mount Road, Athens, TN 37303**
Additional Named Insured: **Athens Partners, LP**
Loan #**301005723**

Full Certificate Holder Name:

Wells Fargo Bank, National Association, as Master servicer, on behalf of U.S. Bank National Association, as trustee for the registered Holders of J.P. Morgan Chase Commercial Mortgage Securities, Corp., Multifamily Mortgage Pass-Through Certificates, Series 2017-KW02
c/o **Walker & Dunlop, LLC**
P.O. Box **25996**
Shawnee Mission, KS 66225-5996



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/1/2018

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 301005723	
AGENCY CUSTOMER ID #: AMBLPRO-01		NAMED INSURED AND ADDRESS Ambling Property Investments, LLC 348 Enterprise Drive Valdosta, GA 31601		POLICY NUMBER 011144179	
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 4/5/2018		EXPIRATION DATE 4/5/2019	
THIS REPLACES PRIOR EVIDENCE DATED:		CONTINUED UNTIL TERMINATED IF CHECKED			

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

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 100,000,000		DED: 10,000	
<input checked="" type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	YES NO N/A	If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months:
BLANKET COVERAGE		<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$
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: 100,000,000 DED: 2,500
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>	If YES, LIMIT: DED: 10,000
- Demolition Costs		<input checked="" type="checkbox"/>	If YES, LIMIT: 10,000,000 DED: 10,000
- Incr. Cost of Construction		<input checked="" type="checkbox"/>	If YES, LIMIT: 10,000,000 DED: 10,000
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: 10,000,000 DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: 10,000,000 DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>	If YES, LIMIT: DED: 10,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
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
NAME AND ADDRESS Walker & Dunlop, LLC, on behalf of Wells Fargo Bank, NA, P O Box 25996 Shawnee Mission, KS 66225-5996		



ADDITIONAL REMARKS SCHEDULE

AGENCY Trigen-Atlanta		NAMED INSURED Ambling Property Investments, LLC 348 Enterprise Drive Valdosta, GA 31601	
POLICY NUMBER 011144179			
CARRIER Lexington Insurance Company	NAIC CODE 19437	EFFECTIVE DATE: 04/05/2018	

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 terms and conditions.

Ordinance & Law - Coverage A (Loss to Undamaged Portion of Building) is included in the \$100,000,000 blanket limit. Ordinance or Law - Increased period of resoration is included in the \$100,000,000 blanket limit.

Business Income includes Extra Expense; No Waiting Period. Business Income is included in the \$100,000,000 blanket limit. Includes a 365 day extended period of indemnity.

Wind/Hail and Named Storm coverage is included in the \$100,000,000 blanket limit.

Special Deductibles:

- Earth Movement: \$50,000 Per Occurrence except 2% of Values at Risk including Rents Per Location at Time and Place of Loss subject to \$50,000 Minimum Per Occurrence as respects New Madrid Earthquake.
- Flood: \$50,000 Per Occurrence except \$250,000 per Building, \$100,000 Business and Personal Property per Building and \$100,000 per occurrence Time Element, with respect to buildings wholly within Special Flood Hazard Areas (SFHS) areas A/V and 100-year flooding, as defined by the Federal Emergency Management Agency (FEMA).
- Named Storm: 2% of Total Insurable Values Per Unit of Insurance subject to a Minimum of \$100,000 as respects Named Storm Windstorm in Tier 1 Counties (as defined by the policy).

Terrorism Limit is \$50,000,000 each occurrence/aggregate. Rental Income is included in the limit, and the 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.

Location: Park Village - 918 Rocky Mount Road, Athens, TN 37303

Additional Named Insured: Athens Partners, L.P.

Loan #301005723

Mortgagee Clause:

Wells Fargo Bank, National Association, as Master servicer, on behalf of U.S. Bank National Association, as trustee for the registered Holders of J.P. Morgan Chase Commercial Mortgage Securities, Corp., Multifamily Mortgage Pass-Through Certificates, Series 2017-KW02

c/o Walker & Dunlop, LLC

P.O. Box 25996

Shawnee Mission, KS 66225-5996

Ambling Property Investments, LLC
Insurance Company Information
04/05/18 - 04/05/19

Coverage	Layer	Participation Percentage	Carrier Name	NAIC # or AIN #	A.M. Best Rating (as of 04/05/18)	Policy #
Deductible Buy Back	AOP DBB - 1st	100%	Aspen Specialty Insurance Company	10717	A, XV	PRAG7RQ18
Deductible Buy Back	AOP DBB - 2nd	100%	Lloyd's of London	AA1122000	A, XV	AOP-180151
Deductible Buy Back	Wind/Hail DBB (applies to locations in CO, KS, NE, OK, and TX)	100%	Lloyd's of London	AA1122000	A, XV	MCD-180139
Property	Primary \$10M	65%	Lexington Insurance Company	19437	A, XV	011144179
Property	Primary \$10M	30%	Everest Indemnity Insurance Company	10851	A+, XV	CA3P005806-181
Property	Primary \$10M	5%	Underwriters at Lloyds, London	AA1122000	A, XV	B1230AP03479A18
Property	\$10M xs \$10M	50%	Hallmark Specialty Insurance Company	26808	A-, VIII	73PRX18F316
Property	\$10M xs \$10M	50%	Lloyd's of London	AA1122000	A, XV	93PRX18F317
Property	\$30M xs \$20M	75.5%	Lloyd's of London	AA1122000	A, XV	AQS-180395
Property	\$30M xs \$20M	17.5%	International Insurance Co of Hannover SE	AA1120822	A+, XV	HAQS-180395
Property	\$30M xs \$20M	7%	General Security Indemnity Co of Arizona	20559	A+, XV	TR00093911800395
Property	\$50M xs \$50M	100%	Mitsui Sumitomo Insurance Co of America	20362	A+, XV	EXP7000280
Terrorism	Terrorism	100%	Lloyd's of London	AA1122000	A, XV	UTS2530280.18
Equipment Breakdown	Equipment Breakdown	100%	The Hartford Steam Boiler Inspection & Ins Co	11452	A++, X	FBP2324204