EVIDENCE OF PROPERTY INSURANCE

ISSUE DATE (MM/DD/YY)
07/01/25

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER

ALLIANT INSURANCE SERVICES, INC.
18100 VON KARMAN AVENUE
10TH FLOOR
IRVINE, CA 92612

PH (949) 756-0271 / FAX (949) 756-2713
LICENSE NO. 0C36861
CODE **SUB-CODE**

COMPANY

VARIOUS PER ATTACHED SCHEDULE

INSURED

ALLIANT PROPERTY INSURANCE PROGRAM (APIP)

STATE OF NEVADA
201 S. ROOP STREET, SUITE 201
CARSON CITY, NV 89701

EVIDENCE NUMBER	**REFERENCE NUMBER**
APIP25-26	APIP2025 (Dec 12) 0711

EFFECTIVE DATE (MM/DD/YY)	**EXPIRATION DATE** (MM/DD/YY)	CONT. UNTIL TERMINATED IF CHECKED	☐
07/01/25	07/01/26		

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION / DESCRIPTION

PENDING RECEIPT OF COMPANY POLICY(IES), THIS DOCUMENTATION IS PROVIDED AS EVIDENCE OF PROPERTY AND BOILER & MACHINERY INSURANCE COVERAGE FOR LOCATIONS ON FILE WITH ALLIANT INSURANCE SERVICES.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS / AMOUNT OF INSURANCE & DEDUCTIBLE

"ALL RISK" OF DIRECT PHYSICAL LOSS OR DAMAGE AND ALL EXTENSIONS AND SUBLIMITS OF COVERAGE PER PEPIP MANUSCRIPT POLICY FORM. SUBJECT TO POLICY TERMS, CONDITIONS AND EXCLUSIONS.

LIMITS & DEDUCTIBLE ATTACHED FOR THE FOLLOWING:

[X] PROPERTY COVERAGE

[X] BOILER & MACHINERY COVERAGE

REMARKS (INCLUDING SPECIAL CONDITIONS)

CANCELLATION

SEE ATTACHED

ADDITIONAL INTEREST

NAME AND ADDRESS

EVIDENCE OF COVERAGE

NATURE OF INTEREST

☐ **MORTGAGEE**

☐ **ADDITIONAL INSURED**

☐ LOSS PAYEE

[X] (OTHER) EVIDENCE OF COVERAGE

SIGNATURE OF AUTHORIZED AGENT OF COMPANY