

FIRST AMENDMENT

This First Amendment ("First Amendment") is entered into by and between City of Redondo Beach, a Chartered Municipal Corporation ("Landlord") and Architectural Mailboxes, LLC, a Delaware limited liability company ("Tenant"; together with the Landlord, the "Parties" and each of Tenant and Landlord a "Party") on December 15, 2020 ("Effective Date") to amend the Office Lease between Landlord and Tenant dated as of June 17, 2014 ("Lease"), as amended. All capitalized terms not defined herein shall have the meaning ascribed by the Lease.

RECITALS

Whereas, the term of the Lease expired June 16, 2017 and the Tenant has continued to occupy the Premises; and

Whereas, the Parties desire to reinstate the Lease and, in connection with the reinstatement of the Lease, and convert the lease to a "month-to-month tenancy" from a "holdover tenancy".

Now, therefore, in consideration of the foregoing and the respective representations, warranties, covenants and agreements of the Parties contained herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledge, the Parties hereto hereby agree as follows:

AGREEMENT

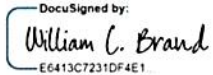
1. Reinstatement and Ratification. Except as expressly or by necessary implication modified or amended by this First Amendment, the Lease Term is hereby reinstated, ratified and confirmed as of the Effective Date, as if the Lease Term had never expired, and the Lease, as amended pursuant to this amendment, is hereby acknowledged by the Landlord to be in full force and effect.
2. Lease Term Amendment; Monthly Rent. The term of the Lease pursuant to this First Amendment shall begin on the Effective Date and shall continue month-to month in accordance with the terms and conditions of the Lease, except as otherwise amended hereby, until terminated by a Party in accordance herewith. Monthly Rent during the period of this month to month tenancy, not including the Tenant's Share of increased Operating Expenses shall be equal to \$4,297.80.
3. Counterparts. This First Amendment may be executed in counterparts, each of which will be deemed an original, but all of which, taken together, will constitute one single agreement between the parties. A party's facsimile, .jpeg, or .pdf signature hereto delivered to the other party will be sufficient to bind such party hereto.

[Signature Page Follows]

In Witness Whereof, the Parties hereto have executed this First Amendment in Redondo Beach, California, as of the Effective Date.

LANDLORD

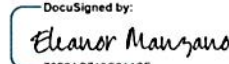
CITY OF REDONDO BEACH

By:  DocuSigned by:
E6413C7231DF4E1

Name: William C. Brand

Title: Mayor

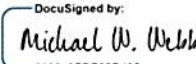
ATTEST

By:  DocuSigned by:
72F2AC716C214CF

Name: Eleanor Manzano

Title: City Clerk

APPROVED AS TO FORM

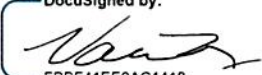
By:  DocuSigned by:
669049EDE03D402

Name: Michael W. Webb

Title: City Attorney

TENANT

ARCHITECTURAL MAILBOXES, LLC

By:  DocuSigned by:
FBBF41EE9AC1418

Name: Vanessa Troyer

Title: ceo

APPROVED

By: _____

Name: _____

Title: _____

 DocuSigned by:
ABED8CF35EEF48C...

Diane Strickfaden,
Risk Manager,

Client#: 53972

ARCHMAIL

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/22/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Edgewood Partners Ins. Center 350 S. Grand Avenue, Suite 4500 (877) 650-3742 / Lic#0B29370 Los Angeles, CA 90071		CONTACT NAME: Lusin Alabashyan PHONE (A/C, No, Ext): 213-629-8903 FAX (A/C, No): 213-947-1167 E-MAIL ADDRESS: lusin.alabashyan@epicbrokers.com													
INSURED Architectural Mailboxes, LLC 123 W Torrance Blvd., Ste. 201 Redondo Beach, CA 90277		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <td>INSURER A: Travelers Prop Casualty Co of America</td> <td>NAIC # 25674</td> </tr> <tr> <td>INSURER B: Travelers Indemnity Co of CT</td> <td>25682</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER A: Travelers Prop Casualty Co of America	NAIC # 25674	INSURER B: Travelers Indemnity Co of CT	25682	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: Travelers Prop Casualty Co of America	NAIC # 25674														
INSURER B: Travelers Indemnity Co of CT	25682														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

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	ADD'L SUBR INSR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y6301L688972TIL2	07/26/2020	07/26/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BA1L6903652014G	07/26/2020	07/26/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CUP1L6914542014	07/26/2020	07/26/2021	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	UB0N0123511914G	12/31/2019	12/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

Re: 123 W. Torrance Blvd. #201, Redondo Beach, CA 90277.

Leonardo Marina Management Inc 107 W. Torrance Blvd. Suite 200, Redondo Beach, CA 90277, BC Urban LLC, 904

Silver Spur Road #282, Rolling Hills Estates, CA 90277, City of Redondo Beach including the City, its officers, elected and appointed officials, employees, and volunteers are included as additional insured with respect to the operations of the named insured subject to the terms, conditions, and exclusions of the policy.

CERTIFICATE HOLDER

CANCELLATION

City of Redondo Beach, including
the City, its officers, elected
& appointed officials, employees & volunteers
415 Diamond St.
Redondo Beach, CA 90277

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

Anthony F. Devero

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ACORD™**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

07/28/2020

THIS EVIDENCE OF 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.

AGENCY Edgewood Partners Ins. Center 350 S. Grand Avenue, Suite 4500 (877) 650-3742 / Lic#0B29370 Los Angeles, CA 90071		PHONE (A/C, No, Ext): 213-629-8903	COMPANY Travelers Prop Casualty Co of America	
FAX (A/C, No): 213-947-1167	E-MAIL ADDRESS: lusin.alabashyan@epicbrokers.com			
CODE:		SUB CODE:		
AGENCY CUSTOMER ID #: 53972				
INSURED Architctural Mailboxes, LLC 123 W Torrance Blvd., Ste. 201 Redondo Beach, CA 90277		LOAN NUMBER		POLICY NUMBER Y6301L688972TIL20
		EFFECTIVE DATE 07/26/20	EXPIRATION DATE 07/26/21	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION 115 W. Torrance Blvd. #100 Redondo Beach, CA 90277
--

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

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property: Perils: Special Form Valuation: Replacement Cost Coinurance: None	\$12,500	\$2,500

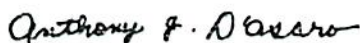
REMARKS (Including Special Conditions)

Evidence 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.

ADDITIONAL INTEREST

NAME AND ADDRESS City of Redondo Beach, including the City, its officers, elected & appointed officials, employees & volunteers 415 Diamond St. Redondo Beach, CA 90277	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	
	LOAN #			
	AUTHORIZED REPRESENTATIVE 			

ACORD™**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

07/22/2020

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AGENCY Edgewood Partners Ins. Center 350 S. Grand Avenue, Suite 4500 (877) 650-3742 / Lic#0B29370 Los Angeles, CA 90071		PHONE (A/C, No, Ext): 213-629-8903	COMPANY Travelers Prop Casualty Co of America	
FAX (A/C, No): 213-947-1167	E-MAIL ADDRESS: lusin.alabashyan@epicbrokers.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 53972		LOAN NUMBER		POLICY NUMBER Y6301L688972TIL20
INSURED Architectural Mailboxes, LLC 123 W Torrance Blvd., Ste. 201 Redondo Beach, CA 90277		EFFECTIVE DATE 07/26/20	EXPIRATION DATE 07/26/21	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION**LOCATION/DESCRIPTION**

123 W. Torrance Blvd. #201, Redondo Beach, CA 90277

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

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property: Perils: Special Form Valuation: Replacement Cost Coinurance: None	\$124,600	\$2,500

REMARKS (Including Special Conditions)

Evidence 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.

ADDITIONAL INTEREST

NAME AND ADDRESS City of Redondo Beach, including the City, its officers, elected & appointed officials, employees & volunteers 415 Diamond St. Redondo Beach, CA 90277	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE <i>Anthony F. DiCaro</i>		

- a. We have used up the applicable limit of insurance in the payment of judgments, settlements or medical expenses; or
- b. The conditions set forth above, or the terms of the agreement described in Paragraph f. above, are no longer met.

SECTION II – WHO IS AN INSURED

1. If you are designated in the Declarations as:

- a. An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
- b. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.
- c. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.
- d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.
- e. A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.

2. Each of the following is also an insured:

- a. Your "volunteer workers" only while performing duties related to the conduct of your business, or your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these "employees" or "volunteer workers" are insureds for:

(1) "Bodily injury" or "personal injury":

- (a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-"employee" while in the course of his or her employment or performing duties related to the conduct of your business, or to your other "volunteer

workers" while performing duties related to the conduct of your business;

- (b) To the spouse, child, parent, brother or sister of that co-"employee" or "volunteer worker" as a consequence of Paragraph (1)(a) above;

- (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraph (1)(a) or (b) above; or

- (d) Arising out of his or her providing or failing to provide professional health care services.

Unless you are in the business or occupation of providing professional health care services, Paragraphs (1)(a), (b), (c) and (d) above do not apply to "bodily injury" arising out of providing or failing to provide first aid or "Good Samaritan services" by any of your "employees" or "volunteer workers", other than an employed or volunteer doctor. Any such "employees" or "volunteer workers" providing or failing to provide first aid or "Good Samaritan services" during their work hours for you will be deemed to be acting within the scope of their employment by you or performing duties related to the conduct of your business.

(2) "Property damage" to property:

- (a) Owned, occupied or used by;

- (b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by;

you, any of your "employees", "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).

- b. Any person (other than your "employee" or "volunteer worker"), or any organization, while acting as your real estate manager.

- c. Any person or organization having proper temporary custody of your property if you die, but only:

- (1) With respect to liability arising out of the maintenance or use of that property; and

- (2) Until your legal representative has been appointed.

COMMERCIAL GENERAL LIABILITY

- d. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Coverage Part.
 - e. Any person or organization that, with your express or implied consent, either uses or is responsible for the use of a watercraft that you do not own that is:
 - (1) 50 feet long or less; and
 - (2) Not being used to carry any person or property for a charge.
3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and of which you are the sole owner or in which you maintain an ownership interest of more than 50%, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
- a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier;
 - b. Coverage A does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
 - c. Coverage B does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.
- For the purposes of Paragraph 1. of Section II – Who Is An Insured, each such organization will be deemed to be designated in the Declarations as:
- a. An organization, other than a partnership, joint venture or limited liability company; or
 - b. A trust;
- as indicated in its name or the documents that govern its structure.
4. Any person or organization that is a premises owner, manager or lessor and that you have agreed in a written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" that:
- a. Is "bodily injury" or "property damage" that occurs, or is "personal and advertising injury" caused by an offense that is committed, subsequent to the signing of that contract or agreement; and

- b. Arises out of the ownership, maintenance or use of that part of any premises leased to you.

The insurance provided to such premises owner, manager or lessor is subject to the following provisions:

- a. The limits of insurance provided to such premises owner, manager or lessor will be the minimum limits that you agreed to provide in the written contract or agreement, or the limits shown in the Declarations, whichever are less.
 - b. The insurance provided to such premises owner, manager or lessor does not apply to:
 - (1) Any "bodily injury" or "property damage" that occurs, or "personal and advertising injury" caused by an offense that is committed, after you cease to be a tenant in that premises; or
 - (2) Structural alterations, new construction or demolition operations performed by or on behalf of such premises owner, manager or lessor.
5. Any person or organization that is an equipment lessor and that you have agreed in a written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" that:
- a. Is "bodily injury" or "property damage" that occurs, or is "personal and advertising injury" caused by an offense that is committed, subsequent to the signing of that contract or agreement; and
 - b. Is caused, in whole or in part, by your acts or omissions in the maintenance, operation or use of equipment leased to you by such equipment lessor.

The insurance provided to such equipment lessor is subject to the following provisions:

- a. The limits of insurance provided to such equipment lessor will be the minimum limits that you agreed to provide in the written contract or agreement, or the limits shown in the Declarations, whichever are less.
- b. The insurance provided to such equipment lessor does not apply to any "bodily injury" or "property damage" that occurs, or "personal and advertising injury" caused by an offense that is committed, after the equipment lease expires.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint

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DATE (MM/DD/YYYY)

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AGENCY Edgewood Partners Ins. Center 350 S. Grand Avenue, Suite 4500 (877) 650-3742 / Lic#0B29370 Los Angeles, CA 90071		PHONE (A/C, No, Ext): 213-629-8903		COMPANY Travelers Prop Casualty Co of America	
FAX (A/C, No): 213-947-1167		E-MAIL ADDRESS: lusln.alabashyan@epicbrokers.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #: 53972					
INSURED Architectural Mailboxes, LLC 123 W Torrance Blvd., Ste. 201 Redondo Beach, CA 90277			LOAN NUMBER 782885159642		POLICY NUMBER Y6301L688972TIL20
			EFFECTIVE DATE 07/26/20	EXPIRATION DATE 07/26/21	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION
123 W Torrance Blvd., Ste. 201
Redondo Beach, CA 90277

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COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property Perils: Special Form Valuation: Replacement Cost Coinurance: None	\$124,600	\$2,500

REMARKS (Including Special Conditions)

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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

NAME AND ADDRESS Wells Fargo Bank NA; Attn: SBA BBG Loan Ops-Insurance PO Box 659713 San Antonio, TX 78265	<input type="checkbox"/> MORTGAGEE		ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE		
	LOAN # 782885159642		
	AUTHORIZED REPRESENTATIVE <i>Anthony F. DiCarro</i>		

ACORDTM**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

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AGENCY Edgewood Partners Ins. Center 350 S. Grand Avenue, Suite 4500 (877) 650-3742 / Lic#0B29370 Los Angeles, CA 90071		PHONE (A/C, No, Ext): 213-629-8903		COMPANY Travelers Prop Casualty Co of America	
FAX (A/C, No): 213-947-1167		E-MAIL ADDRESS: lusin.alabashyan@epicbrokers.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #: 53972					
INSURED Architectural Mailboxes, LLC 123 W Torrance Blvd., Ste. 201 Redondo Beach, CA 90277			LOAN NUMBER 7828851596-42		POLICY NUMBER Y6301L688972TIL20
			EFFECTIVE DATE 07/26/20	EXPIRATION DATE 07/26/21	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION**LOCATION/DESCRIPTION**

23216-23222 Mariposa
 Torrance, CA 90502

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

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building:	\$1,500,000	\$2,500
Business Personal Property:	\$450,000	\$2,500
Perils: Special Form		
Valuation: Replacement Cost		
Coinsurance: None		

REMARKS (Including Special Conditions)

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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

NAME AND ADDRESS Wells Fargo Bank, N.A. and its successors and assigns BBOCS San Antonio Loan Ops PO Box 659713 San Antonio, TX 78265-9827	<input checked="" type="checkbox"/>	MORTGAGEE	ADDITIONAL INSURED
	<input checked="" type="checkbox"/>	LOSS PAYEE	
	LOAN # 7828851596-42		
	AUTHORIZED REPRESENTATIVE <i>Anthony F. Navarro</i>		

ACORDTM**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

07/28/2020

THIS EVIDENCE OF 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.

AGENCY Edgewood Partners Ins. Center 350 S. Grand Avenue, Suite 4500 (877) 650-3742 / Lic#0B29370 Los Angeles, CA 90071		PHONE (A/C, No, Ext): 213-629-8903		COMPANY Travelers Prop Casualty Co of America	
FAX (A/C, No): 213-947-1167		E-MAIL ADDRESS: lusin.alabashyan@epicbrokers.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #: 53972					
INSURED Architectural Mailboxes, LLC 123 W Torrance Blvd., Ste. 201 Redondo Beach, CA 90277		LOAN NUMBER		POLICY NUMBER Y6301L688972TIL20	
		EFFECTIVE DATE 07/26/20		EXPIRATION DATE 07/26/21	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION**LOCATION/DESCRIPTION**

115 W. Torrance Blvd. #100
Redondo Beach, CA 90277

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

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property: Perils: Special Form Valuation: Replacement Cost Coinurance: None	\$12,500	\$2,500

REMARKS (Including Special Conditions)

Evidence 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.

ADDITIONAL INTEREST

NAME AND ADDRESS City of Redondo Beach, including the City, its officers, elected & appointed officials, employees & volunteers 415 Diamond St. Redondo Beach, CA 90277	<input type="checkbox"/> MORTGAGEE		ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE		
	LOAN #		
	AUTHORIZED REPRESENTATIVE <i>Anthony F. DiCaro</i>		