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## Seller/Service Certification of Insurance Coverage

The information below is submitted as of  Underwriting  Delivery

The requirements, coverage and/or deductibles are summarized in Exhibit A to aid you in completing this form. Consult the Freddie Mac Multifamily Seller/Service Guide for a complete listing of all insurance requirements.

### Seller/Service and Mortgage Information

Seller/Service Name	
Seller/Service Number	
Seller/Service Loan Number	Freddie Mac Loan Number
Seller/Service Contact Name	
Contact Telephone No.	Alternative Contact

### Borrower and Insurance Information

Borrower Name
Other Borrowers
Insured
Additional Insured
Mortgagee
Loss Payee
Certificate Holder

### Property and Mortgage Information

Property Name
Property Address
Property Address
The Seller/Service determined the Replacement Cost of the Property is \$
Replacement Cost was determined as of (insert date)

**Primary Property Damage (All-Risk or Cause of Loss - Special Form)**

Insurance Carrier

This policy is  An individual policy  A blanket policy

Carrier complies with Freddie Mac acceptable insurer requirements.  Yes  No  
Carrier rating  AM Best  S&P Rating

Policy No. Annual Premium \$

Policy Inception Date Policy Expiration Date

Explanation for policy or evidence of insurance issues: Evidence of property damage insurance  ACORD 28 (2003/10)  Binder  Policy  Other (explain below)

**Property Damage Coverage**

Coverage complies  
 Coverage is required, but does not comply  
 Coverage is required, but is not provided  
Coverage is provided in  Individual primary property damage policy  Blanket property damage policy  See remarks below

If there is a coinsurance clause, is it offset by an Agreed Amount equal to Replacement Cost?  
 Yes  No  There is no coinsurance clause

Remarks:

**Business Interruption/Rent Loss with Extra Expense Coverage**

- Coverage complies
- Coverage is required, but does not comply
- Coverage is required, but is not provided

- Coverage is provided in
- Primary property damage policy
  - Separate policy
  - Separate blanket policy
  - See remarks below

Remarks:

**Boiler & Machinery Coverage**

- Coverage complies
- Coverage is required, but does not comply
- Coverage is required, but is not provided
- There is no central HVAC system  
(No coverage is required)

- Coverage is provided in
- Primary property damage policy
  - Separate policy
  - Separate blanket policy
  - See remarks below

Is a joint loss agreement in place? Required where the carrier is different from the primary property damage policy.

- Yes
- No

Remarks:

**Builder's Risk Coverage**

- Coverage complies
- Coverage is required, but does not comply
- Coverage is required, but is not provided
- No coverage is required

- Coverage is provided in
- Primary property damage policy
  - Separate policy
  - Separate blanket policy
  - See remarks below

Remarks:

**Localized Perils Coverage**

- Coverage complies
- Coverage is required, but does not comply
- Coverage is required, but is not provided
- No coverage is required

- Coverage is provided in
- Primary property damage policy
  - Separate policy
  - Separate blanket policy
  - See remarks below

Remarks:

**Ordinance and Law Coverage**

- Coverage complies
- Coverage is required, but does not comply
- Coverage is required, but is not provided
- No coverage is required

- Coverage is provided in
- Primary property damage policy
  - Separate policy
  - Separate blanket policy
  - See remarks below

Remarks:

**Sewer and Drain Coverage**

- Coverage complies
- Coverage is required, but does not comply
- Coverage is required, but is not provided
- No coverage is required

- Coverage is provided in
- Primary property damage policy
  - Separate policy
  - Separate blanket policy
  - See remarks below

Remarks:

**Terrorism Coverage**

- Coverage complies
- Coverage is required, but does not comply
- Coverage is required, but is not provided
- No coverage is required

- Coverage is provided in
- Primary property damage policy
  - Separate policy
  - Separate blanket policy
  - See remarks below

Remarks:

**Wind Coverage**

- Coverage complies
- Coverage is required, but does not comply
- Coverage is required, but is not provided
- No coverage is required

- Coverage is provided in
- Primary property damage policy
  - Separate policy
  - Separate blanket policy
  - See remarks below

Remarks:

**Flood Insurance (NFIP)**

- Coverage complies
- Coverage is required, but does not comply
- Coverage is required, but is not provided
- No coverage is required

- Coverage is provided in
- NFIP flood policy/policies
  - See remarks below

How many buildings (including each insurable improvement, whether habitable or not) are located in a SFHA?

How many NFIP policies are in force?

Remarks:

**Flood Coverage – Private**

- Coverage complies
- Coverage is required, but does not comply
- Coverage is required, but is not provided
- No coverage is required

- Coverage is provided in
- Primary property damage policy
  - Separate policy
  - Separate blanket policy
  - See remarks below

Remarks:

**Earthquake Insurance**

Earthquake insurance may be required for a Property in Seismic Risk Zone 3 or 4. See Commitment for requirements.

- Coverage complies
- Coverage is required, but does not comply
- Coverage is required, but is not provided
- No coverage is required

- Coverage is provided in
- Primary property damage policy
  - Separate policy
  - Separate blanket policy
  - See remarks below

Property is in Seismic Risk Zone 3 or 4

- Yes
- No

A Site Specific Seismic Report (SSSR) with a PML was completed

- Yes
- No

What is the PML?

Remarks:

**Complete the "Property Damage - Additional Information" section for each policy that is not included in the primary property damage policy. Attach additional sections as needed.**

**Property Damage - Additional Information – (Complete for each coverage excluded from the All-Risk or Cause of Loss Special Form policy.)**

The information below is applicable to the following peril (check as applicable and complete/attach other schedules as needed)

<input type="checkbox"/> Business Income/Rent Loss	<input type="checkbox"/> Flood Insurance (NFIP)
<input type="checkbox"/> Boiler and Machinery	<input type="checkbox"/> Flood Insurance (Private)
<input type="checkbox"/> Builder's Risk	<input type="checkbox"/> Localized Perils
<input type="checkbox"/> Earthquake Insurance	<input type="checkbox"/> Ordinance and Law
<input type="checkbox"/> Sewer & Drain	<input type="checkbox"/> Other:
<input type="checkbox"/> Terrorism	<input type="checkbox"/> Other:
<input type="checkbox"/> Windstorm	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> See remarks below

Remarks:

Insurance Carrier

Carrier complies with Freddie Mac acceptable insurer requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carrier rating	<input type="checkbox"/> AM Best <input type="checkbox"/> S&P Rating
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Policy No.	Annual Premium \$
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Policy Inception Date	Policy Expiration Date
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Evidence of Insurance	<input type="checkbox"/> ACORD 28 (2003/10)	<input type="checkbox"/> Binder	<input type="checkbox"/> Policy	<input type="checkbox"/> Other (explain below)
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Remarks:

**Commercial General Liability Insurance**

Insurance Carrier

This policy is  An individual policy  A blanket policy

Carrier complies with Freddie Mac acceptable insurer requirements  Yes  No

Carrier rating  AM Best  S&P Rating

Policy No.

Annual Premium \$

Policy Inception Date

Policy Expiration Date

Coverage meets or exceeds the per-occurrence and aggregate requirements in  Guide  Commitment

Maximum Deductible & SIR complies with the requirements in Guide  Yes  No

Evidence of CGL Insurance  ACORD 25  Binder  Policy  Other (explain below)

Remarks:

**Umbrella or Excess Liability Insurance**

The information below is applicable to  Umbrella policy  Excess liability policy

Insurance Carrier

This policy is  An individual policy  A blanket policy

Carrier complies with Freddie Mac acceptable insurer requirements  Yes  No  
 Carrier rating  AM Best  S&P Rating

Policy No. Annual Premium \$

Policy Inception Date Policy Expiration Date

Evidence of Umbrella or Excess  ACORD 25  Binder  Policy  Other (explain below)

Remarks:

**Commercial General Liability (CGL), Umbrella or Excess Liability Coverage**

<input type="checkbox"/> Coverage complies <input type="checkbox"/> Coverage is required, but does not comply <input type="checkbox"/> Coverage is required, but is not provided	Coverage is provided in <input type="checkbox"/> Individual CGL policy <input type="checkbox"/> Blanket CGL policy <input type="checkbox"/> Separate Umbrella <input type="checkbox"/> Blanket Umbrella <input type="checkbox"/> Separate Excess Liability <input type="checkbox"/> Blanket Excess Liability <input type="checkbox"/> See remarks below
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Number of buildings	Stories <input type="checkbox"/> 1 to 3 <input type="checkbox"/> 4 to 9 <input type="checkbox"/> 10 or more	Remarks:
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**Professional Liability Coverage**

Professional liability coverage is only required for a Seniors Housing Property.

<input type="checkbox"/> Coverage complies <input type="checkbox"/> Coverage is required, but does not comply <input type="checkbox"/> Coverage is required, but is not provided	Coverage is provided in <input type="checkbox"/> Individual CGL policy <input type="checkbox"/> Blanket CGL policy <input type="checkbox"/> Separate primary professional liability policy <input type="checkbox"/> Blanket professional liability policy <input type="checkbox"/> Separate professional liability Umbrella <input type="checkbox"/> Blanket professional liability Umbrella <input type="checkbox"/> Separate Excess professional liability <input type="checkbox"/> Blanket Excess professional liability <input type="checkbox"/> See remarks below
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Does Property include assisted living, Alzheimer's care, and/or skilled nursing units? (If yes, professional liability is required.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What is the total number of beds dedicated to assisted living, Alzheimer's care, and/or skilled nursing units?

Primary Professional coverage <input type="checkbox"/> Per-occurrence policy form <input type="checkbox"/> Claims made policy form	Excess or Umbrella coverage <input type="checkbox"/> Per-occurrence policy form <input type="checkbox"/> Claims made policy form
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Remarks:

**Vehicle Liability Coverage**

<input type="checkbox"/> Coverage complies <input type="checkbox"/> Coverage is required, but does not comply <input type="checkbox"/> Coverage is required, but is not provided	Coverage is provided in <input type="checkbox"/> Individual CGL policy <input type="checkbox"/> Blanket CGL policy <input type="checkbox"/> Separate policy <input type="checkbox"/> Separate blanket <input type="checkbox"/> See remarks below
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Remarks:

**Complete the "Liability - Additional Information" section for each policy that is not included in the primary Commercial General Liability, Umbrella or Excess Liability policy. Attach additional sections as needed.**

**Liability - Additional Information** (Complete for each coverage excluded from the GCL, Umbrella or Excess Liability policy.)

The information below is applicable to the following peril (check as applicable and complete/attach other schedules as needed).

- |   |   |                                    |                                 |
|---|---|------------------------------------|---------------------------------|
| <input type="checkbox"/> Automobile liability | <input type="checkbox"/> Terrorism              | <input type="checkbox"/> Biohazard | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Garage operation     | <input type="checkbox"/> Professional liability | <input type="checkbox"/> Other:    |                                 |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Swimming pool          |                                    |                                 |

Insurance Carrier

This policy is  An individual policy  A blanket policy

Carrier complies with Freddie Mac acceptable insurer requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carrier Rating	<input type="checkbox"/> AM Best <input type="checkbox"/> S&P Rating
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Policy No.	Annual Premium	\$
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Policy Inception Date	Policy Expiration Date
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Evidence of Insurance  ACORD 25  Binder  Policy  Other (explain below)

Remarks:

**Other insurance coverage** – Provide details of other insurance such as localized perils and sewer & drain coverage.

**Remarks**

If any insurance coverage is not in compliance with the requirements of the Guide, comment on actions you have taken or will take to restore adequate coverage and the date by which all Freddie Mac Guide insurance requirements will be met.

**Certification**

I certify that the above information accurately describes the insurance that (check one)

- will be in effect on the subject property, or
- is now in effect on the subject property.

I further certify that I am an officer of the Seller/Service and am authorized to sign this Certification on the Seller/Service's behalf.

Seller/Service

Signature	Date
Printed Name	Title

For Freddie Mac use only:

Reviewed \_\_\_\_\_ Date \_\_\_\_\_  
by

Check One     Adequate Coverage     Inadequate Coverage