EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 05/29/2026

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
APPLE SERVICES CORP
4097 MONUMENT CORNER DR
FAIRFAX, VA 22030

PHONE (A/C, No, Ext): (877) 872-8737

FAX (A/C, No):

E-MAIL ADDRESS:

CODE: 0MF893 **SUB CODE:**

AGENCY CUSTOMER ID #:

COMPANY
TRAVELERS PERSONAL INSURANCE COMPANY
ONE OF THE TRAVELERS PROPERTY CASUALTY COMPANIES
ONE TOWER SQUARE, HARTFORD, CT 06183

INSURED
NICOLE DELGADILLO
2507 FLEET ST
BALTIMORE, MD 21224-3742

LOAN NUMBER

POLICY NUMBER
618840091 634 1

EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL TERMINATED IF CHECKED
05/29/2026	05/29/2027	☐

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
2507 FLEET ST
BALTIMORE, MD 21224-3742

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 ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Coverage C - Personal Property	$ 20,000	
Coverage D - Loss of Use	$ 6,000	
Coverage E - Personal Liability - Bodily Injury and Property Damage(each occurrence)	$ 100,000	
Coverage F - Medical Payments to Others(each person)	$ 1,000	
Property Coverage Deductible (All Perils)		$ 500
TOTAL PREMIUM $183.00		

REMARKS (Including Special Conditions)

Make checks payable to: Travelers Indemnity and affiliates

Mail payments to: Travelers Personal Insurance
PO Box 660307
Dallas, TX 75266-0307

SEE ADDITIONAL REMARKS SCHEDULE FOR MORE INFORMATION (ACORD 101)

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

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☐

LOAN #

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
APPLE SERVICES CORP		NICOLE DELGADILLO 2507 FLEET ST BALTIMORE, MD 21224-3742
POLICY NUMBER		
618840091 634 1		
CARRIER	NAIC CODE	
TRAVELERS PERSONAL INSURANCE COMPANY	38130	EFFECTIVE DATE: 05/29/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Coverage Level: Travelers Protect®

Policy Type – Tenant

Optional Coverages

Optional Coverages	Endorsement	Limit
Personal Property Replacement Cost Loss Settlement	HQ-290 CW (02-21)	

***Note:** The additional cost or premium reduction for any optional coverage or package shown as "Included" is contained in the Total Policy Premium Amount.

TRAVELERS

APPLE SERVICES CORP
4097 MONUMENT CORNER DR
FAIRFAX, VA 22030
Phone: 1.877.872.8737

Name and Mailing Address
NICOLE DELGADILLO
2507 FLEET ST
BALTIMORE, MD 21224-3742

Receipt of Payment

AMOUNT PAID

$183.00

RESIDENCE PREMISES

2507 Fleet St
Baltimore, MD 21224-3742

Policy Number 618840091 634 1	
Period	05/29/2026 - 05/29/2027
Insurer	Travelers Personal Insurance Company
Premium Amount	$183.00
Date Paid	05/29/2026