

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>TJM Atlantic City Management LLC</b>		
	2 Business name/disregarded entity name, if different from above <b>The Claridge Hotel</b>		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>  <input type="checkbox"/> Other (see Instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions. <b>5801 Ulmerton Road, Suite 200</b>		Requester's name and address (optional)
	6 City, state, and ZIP code <b>Clearwater, FL 33760</b>		
	7 List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
or	
<b>Employer identification number</b>	
4 6 - 4 5 5 8 3 6 1	

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>4/3/2018</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.*



## STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

<b>Taxpayer Name:</b>	TJM ATLANTIC CITY MANAGEMENT LLC
<b>Trade Name:</b>	THE CLARIDGE HOTEL
<b>Address:</b>	123 S INDIANA AVE ATLANTIC CITY, NJ 08401
<b>Certificate Number:</b>	1848477
<b>Effective Date:</b>	January 27, 2014
<b>Date of Issuance:</b>	October 15, 2019

**For Office Use Only:**  
20191015150140258



<b>ACORD™ EVIDENCE OF COMMERCIAL PROPERTY INSURANCE</b>		DATE (MM/DD/YYYY)
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.		03/03/2021
PRODUCER NAME, CONTACT PERSON AND ADDRESS	PHONE (A/C, No, Ext): 813 321-7500	COMPANY NAME AND ADDRESS Multi Layer Policy Insurer
USI Insurance Services, LLC 2502 N Rocky Point Drive, Suite 400 Tampa, FL 33607-1421		NAIC NO:
FAX (A/C, No):	E-MAIL ADDRESS: tina.cooper@usi.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH
CODE:	SUB CODE:	POLICY TYPE Property
AGENCY CUSTOMER ID #: 1725843		LOAN NUMBER
NAMED INSURED AND ADDRESS		POLICY NUMBER See Below
TJM Atlantic City, LLC dba The Claridge Hotel 5801 Ulmerton Road, Suite 200 Clearwater, FL 33760		EFFECTIVE DATE 02/24/2021
		EXPIRATION DATE 02/24/2022
		CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION
Atlantic City, NJ See Below for Location Addresses
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	X	SPECIAL	DED: See Below
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ See Below						
<input checked="" type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE		X				If YES, LIMIT: See Below Actual Loss Sustained; # of months
BLANKET COVERAGE			X			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE			X			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X				
IS DOMESTIC TERRORISM EXCLUDED?		X				
LIMITED FUNGUS COVERAGE			X			If YES, LIMIT: DED:
FUNGUS EXCLUSION (IF "YES", specify organization's form used)		X				
REPLACEMENT COST			X			Exception-Vacant Property
AGREED VALUE			X			
COINSURANCE			X			If YES, %
EQUIPMENT BREAKDOWN (If Applicable)			X			If YES, LIMIT: See Below DED: See Below
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X				If YES, LIMIT: See Below DED: See Below
- Demolition Costs		X				If YES, LIMIT: See Below DED: See Below
- Incr. Cost of Construction		X				If YES, LIMIT: See Below DED: See Below
EARTH MOVEMENT (If Applicable)		X				If YES, LIMIT: See Below DED: See Below
FLOOD (If Applicable)		X				If YES, LIMIT: See Below DED: See Below
WIND/HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions		X				If YES, LIMIT: See Below DED: See Below
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions		X				If YES, LIMIT: See Below DED: See Below
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X	X			See Below See Below

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 type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS	
Valley National Bank, ISAOA Attn: Loan Operations Dept. P.O. Box 17540 Clearwater, FL 33762	
	AUTHORIZED REPRESENTATIVE <i>B. M. Carl</i>

**The Claridge Hotel**

**Location 1: 123 S. Indiana Avenue, Atlantic City, NJ 08401(aka 120 S. Indiana Avenue, Atlantic City, NJ 08401  
aka 1800 Pacific Avenue, Atlantic City, NJ 08401)**

**Location 2: 112-120 Park Place, Atlantic City, NJ 08401 (aka 116 Park Place, Atlantic City, NJ 08401)**

**02/24/2021 Property Program**

**Declared Values: See Below**

**Loss Limit: \$50,000,000 per Occurrence for Building, Business Personal Property and Business Income.**

**Ordinance or Law:**

**Coverage A - \$10,000,000;**

**Coverage B - \$10,000,000;**

**Coverage C - \$10,000,000;**

**Coverage D - \$1,000,000**

**Flood - \$5,000,000 Annual Aggregate**

**Earthquake - \$25,000,000 Annual Aggregate**

**Water or Liquid Damage - Including Back up of Sewers - \$5,000,000**

**All limits are shared by all locations covered under this policy.**

**Deductibles:**

**\$50,000 per occurrence except for:**

**Named Storm (Florida Properties): 5% per location, minimum \$250,000**

**\$1,000,000 Flood per occurrence**

**\$50,000 Earth Movement per occurrence**

**Water or Liquid Damage Deductible(s) - The following deductible applies to loss or damage caused by or resulting from covered water or other liquids not otherwise excluded, but not caused by Flood or from fire extinguishing equipment.**

**\$250,000 occurrence/\$500,000 aggregate \$25,000 Trailing Deductible**

**\$100,000 Vacant Hotels**

**2/24/2021 Property Carriers**

**Carrier: Steadfast Insurance Company**

**Participation: \$2,500,000 part of \$5,000,000**

**Policy #: CPP053313103**

**Carrier: Everest Indemnity Insurance Company**

**Participation: \$2,500,000 part of \$5,000,000**

**Policy #: CA3P006162211**

**Carrier: Ironshore Specialty Insurance Companyh**

**Participation: \$2,500,000 part of \$5,000,000 excess of \$5,000,000**

**Policy #: 100037543902**

**Carrier: Hallmark Specialty Insurance Company**

**Participation: \$2,500,000 part of \$5,000,000 excess of \$5,000,000**

**Policy #: 73PRX21A831**

**Carrier: Certain Underwriters at Lloyds**

**Participation: \$5,000,000 part of \$20,000,000 excess of \$10,000,000**

**Policy #: JEM21XS1033**

**Carrier: Landmark American Insurance Company**

**Participation: \$10,000,000 part of \$20,000,000 excess of \$10,000,000**

**Policy #: LHD916812**

Carrier: Arch Specialty Insurance Company  
Participation: \$5,000,000 part of \$20,000,000 excess of \$10,000,000  
Policy #: ESP100190801

Carrier: Axis Surplus Lines Insurance Company  
Participation: \$20,000,000 excess of \$30,000,000  
Policy #: EAF79409321

Business Income and Extra Expense: Included within the Property Damage Deductible  
Perishable Goods: Included within the Property Damage Deductible

**Declared Values:**

Loc 1/Bldg 1 (Hotel) Building \$72,767,000, Business Personal Property \$1,500,000, Business Income \$2,000,000  
Loc 1/Bldg 2 (Park Place Expansion) Building \$3,412,000  
Loc 2/Bldg 1 (Valet Parking Garage) Building \$6,010,000  
Loc 2/Bldg 2 (Self-Parking Garage) Building \$13,500,000