

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 08/31/2023

ALEWIS

CI BI	ERT Elo	IFICATE DOI W. THIS CI	ES NOT AFFIR ERTIFICATE OF	AS A MATTER OF INFORMATION MATIVELY OR NEGATIVELY AME F INSURANCE DOES NOT CONST R, AND THE CERTIFICATE HOLDER	ND, EXTEND OR	ALTER THE CO	OVE	RAGE AFFORDED	BY T	IE POLICIES			
PRO	DUCE	R			CONTACT NAME:	CONTACT							
		ssociation In:	Suranco			04) 245-7208		FAX					
		kory Flat Hw			(A/C, No, Ext): ("	PHONE (A/C, No, Ext): (404) 245-7208 FAX (A/C, No): E-MAIL ADDRESS: certificates@lewisassociationinsurance.com							
Suite	e 11	0-414	,		ADDRESS: Cert	ificates@lewisa	iss	ociationinsurance	.com				
Cant	on,	GA 30115			CUSTOMER ID:	MULBCON-01							
						INSURER(S) AFFOR	DIN	G COVERAGE		NAIC #			
INSU	RFD					E Insurance Co	orno	oration		39217			
						ntinental Casua	_			20443			
		Mulberry		Association, Inc.	INSURER B : CO	20443							
			rryback Drive		INSURER C :								
			, GA 30068		INSURER D :	INSURER D :							
			,										
					INSURER F :								
CO	/ER	AGES		CERTIFICATE NUMBER:			RE	VISION NUMBER:					
Mulb	erry	Condominiur	n Owners Assoc	ROPERTY (Attach ACORD 101, Additional Remain ciation, Inc.	rks Schedule, if more sp	ace is required)							
SEE		ACHED ACOP	RD 101										
IN CE	DIC/ ERTI	ATED. NOTWIT FICATE MAY B	THSTANDING AN E ISSUED OR MA	CIES OF INSURANCE LISTED BELOW HA Y REQUIREMENT, TERM OR CONDITION AY PERTAIN, THE INSURANCE AFFORD SUCH POLICIES. LIMITS SHOWN MAY HA	N OF ANY CONTRAC	CT OR OTHER DOC		ENT WITH RESPECT T	O WHI	CH THIS			
INSR LTR		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS				
Α	Х	PROPERTY						BUILDING	\$				
				IHG1000307-03	08/31/2023	08/31/2024		-	-				
	CAL	JSES OF LOSS			00/01/2020			PERSONAL PROPERTY	\$				
		BASIC	BUILDING 50,000					BUSINESS INCOME	\$				
		BROAD	CONTENTS	-				EXTRA EXPENSE	\$				
	Х	SPECIAL	00112110					RENTAL VALUE	\$				
		EARTHQUAKE		-			X	-	s	24,627,852			
	v		2.0000%	-			<u> </u>		-				
	Х	WIND	2.0000 /8	-				BLANKET PERS PROP	\$				
		FLOOD						BLANKET BLDG & PP	\$				
	Х	Wt Dmg PO	50,000						\$				
	Х	GRCD						-	\$				
				TV/DE OE DOL 101/									
		1	TYPE OF POLICY				_	\$					
	CAL	JSES OF LOSS						_	\$				
		NAMED PERILS		POLICY NUMBER					\$				
									\$				
В	X	CRIME					X	Ded \$1,000	\$	300,000			
_		1						_					
		E OF POLICY	_					_	\$				
	Cr	ime (Include	es Burglary)	618872876	08/31/2023	08/31/2024			\$				
Α	Х	BOILER & MACH	IINERY /				X	Included	\$				
		EQUIPMENT BR	EAKDOWN	IHG1000307-03	08/31/2023	08/31/2024			\$				
								_	\$				
									\$				
Borr	owe owe	CONDITIONS / OTI r: Full Name r: Complete A		ACORD 101, Additional Remarks Schedule, may	be attached if more spa	ce is required)							
CEF	RTIF		DER		CANCELLA								
		SAMPLE Lender I	E CERTIFICATE Mortgagee Clau Address		SHOULD AN THE EXPIRA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

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AGENCY CUSTOMER ID: MULBCON-01



LOC #:

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AGENCY Lewis Association Insurance		NAMED INSURED Mulberry Condominium Association, Inc. 4880 Carryback Drive							
POLICY NUMBER		Marietta, GA 30068							
SEE PAGE 1									
CARRIER	NAIC CODE	-							
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1							
ADDITIONAL REMARKS									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC									
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Prope	erty Insurance								
Description of Property: QBE Property Policy provides: Original Specifications Coverage (per Georgia Statute). AKA "Single Entity" or "Walls In" – the unit will be built back to the builder's original specifications. It does NOT cover improvements or betterments.									
Guaranteed Replacement Cost Coverage In the event of an insured loss, this will fully provide for repair or replacement without any deduction or depreciation even if the cost to replace or repair is more than the stated amount in the policy.									
Co-Insurance Waived									
30 Day Notice of Cancellation									
Ordinance or Law Coverage Loss to Undamaged Portion Deductible \$5,000 Li Demolition Cost & Increase Cost of Construction Ded									
(LOCATION OF PREMISES / DESCRIPTION OF PROPE	RTY)								
17 Buildings - 100 Total Units									
Building 1 - 8 units - 1001-1008 Saddle Hill Marietta, GA 30068 Building 2 - 6 units - 901-906 Saddle Hill Marietta, GA 30068 Building 3 - 8 units - 801-808 Saddle Hill Marietta, GA 30068 Building 4 - 4 units - 701-704 Bridle Path Marietta, GA 30068 Building 5 - 6 units - 601-606 Bridle Path Marietta, GA 30068 Building 6 - 6 units - 501-506 Bridle Path Marietta, GA 30068 Building 7 - 8 units - 401-408 Bridle Path Marietta, GA 30068 Building 9 - 7 units - 301-304 Bridle Path Marietta, GA 30068 Building 9 - 7 units - 201-207 Bridle Path Marietta, GA 30068 Building 9 - 7 units - 201-207 Bridle Path Marietta, GA 30068 Building 10 - 4 units - 101-104 Bridle Path Marietta, GA 30068 Building 11 - 7 units - 501-507 Mulberry Court Marietta, GA 30068 Building 12 - 6 units - 401-406 Carryback Drive Marietta, GA 30068 Building 14 - 7 units - 301-307 Carryback Drive Marietta, GA 30068 Building 15 - 4 units - 101-104 Carryback Drive Marietta, GA 30068 Building 16 - 3 units - 101-104 Carryback Drive Marietta, GA 30068 Building 17 - 5 units - 101-104 Carryback Drive Marietta, GA 30068 Building 17 - 5 units - 101-104 Carryback Drive Marietta, GA 30068 Building 16 - 3 units - 101-1103 Bridle Path Marietta, GA 30068 Building 17 - 5 units - 1201-1205 Bridle Path Marietta, GA 30068 Building 17 - 5 units - 1201-1205 Bridle Path Marietta, GA 30068 Building 17 - 5 units - 1201-1205 Bridle Path Marietta, GA 30068 QBE General Liability provides:									
Separation of Insureds									
Forms, Options and Endorsements:									
COMMON									
IL 00 03 (09-08) Calculation of Premium IL 00 17 (11-98) Common Policy Conditions IL 00 21 (09-08) Nuclear Energy Liability Exclusion En IL 02 62 (02-15) Georgia Changes – Cancellation and I IL 09 35 (07-02) Exclusion of Certain Computer-Relate IL 09 53 (01-15) Exclusion of Certified Acts of Terroris	Nonrenewal ed Losses								

AGENCY CUSTOMER ID: MULBCON-01 LOC #:

ACORD

ADDITIONAL REMARKS SCHEDULE

Page	2	of	2
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AGENCY Lewis Association Insurance		NAMED INSURED Mulberry Condominium Association, Inc. 4880 Carryback Drive Marietta, GA 30068							
POLICY NUMBER		Marietta, GA 30068							
SEE PAGE 1									
CARRIER	NAIC CODE								
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1							
ADDITIONAL REMARKS									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACO	RD FORM,								
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Proper	rty Insurance								
QBIL 01 24 (08-09) Pollutants Definition Amendment									
PROPERTY									
CP DS 00 (10-00) Commercial Property Coverage Part Declarations QBCP-1000 (07-17) Community Association Coverage Form QBCP-2049 (11-18) QBE Elite Coverage Endorsement for Community Associations CP 00 90 (07-88) Commercial Property Conditions CP 01 31 (01-20) Georgia Changes CP 01 40 (07-06) Exclusion of Loss Due to Virus Or Bacteria CP 01 67 (02-09) Georgia Changes – Condominium Associations CP 03 21 (10-12) Windstorm or Hail Percentage Deductible CP 04 11 (10-12) Protective Safeguards CP 10 30 (09-17) Causes of Loss – Special Form CP 10 75 (12-20) Cyber Incident Exclusion CP 81 33 (07-14) Nuclear, Biological, Chemical and Radiological Hazards Exclusion QBCP 20 17 (09-17) Equipment Breakdown Coverage (Including Electronic Circuitry Impairment) QBCP 20 50 (11-18) Multiple Deductible Endorsement QBCP 30 04 (09-17) Equipment Breakdown Schedule – Georgia									
QBCP-5002 (08-17) Georgia Amendatory Endorsement GENERAL LIABILITY									
CG DS 01 (10-01) Commercial General Liability Declara CG 00 01 (04-13) Commercial General Liability Coverage									
CG 21 07 (05-14) Exclusion – Access or Disclosure of		al or Personal Information and Data-Related Liability – Limited							
Bodily Injury Exception not Included CG 21 47 (12-07) Employment-Related Practices Exclu	ision								
CG 21 49 (09-99) Total Pollution Exclusion Endorseme									
CG 21 60 (09-98) Exclusion – Year 2000 computer-relation		er electronic problems							
CG 21 67 (12-04) Fungi or bacteria exclusion									
CG 21 73 (01-15) Exclusion of Other Acts of Terrorism									
CG 21 96 (03-05) Silica or Silica-Related Dust Exclusio CG 24 26 (04-13) Amendment of Insured Contract Defin									
CG 26 57 (04-00) Georgia Changes – Additional Insure		ninium Associations							
GLOC 20 49 (08-20) Medical Payments for Condominiur	m Unit Own	ers							
GLOC 20 82 (05-21) General Liability Coverage Enhance	ement								
GLUC 20 12 (08-20) Exclusion – Lead									
GLUC 20 13 (08-20) Exclusion – Asbestos GLUC 20 14 (08-20) Exclusion – Chromated Copper Ars	enate								
QBCG 20 51 (09-21) Hired Auto and Non-Owned Liabilit									
CNA Fidelity Bond/Employee Dishonesty provides:	CNA Fidelity Bond/Employee Dishonesty provides:								
Managing Agent Rider									



ERTIFICATE OF LIABILITY INSURANCE

MULBCON-01	ALEWIS					
	DATE (MM/DD/YYYY)					
NCE	8/31/2023					

CERTIFICATE OF LIABILITY INSURANCE									8/31/2023			
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.												
If	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 rights to the certificate holder in lieu of such endorsement(s).											
PRC	DUCER					CONTA NAME:	ст					
	is Association						o, Ext): (404) 2	245-7208	FA) (A/C	(C, No):		
	5 Hickory Flat H te 110-414	wy				E-MAIL	ss. certificat	es@lewisa	ssociationinsura	nce.	com	
Car	ton, GA 30115					INSURER(S) AFFORDING COVERAGE						NAIC #
						INSURER A : QBE Insurance Corporation						39217
INS	JRED						ER в : Nautilus					17370
	Mulbe	rry Condominium As	socia	tion	Inc				alty Company			20443
		Carryback Drive	seena	,		INSURE						
	Mariet	ta, GA 30068				INSURE						
						INSURE						
co	VERAGES	CE	RTIFI	САТЕ	E NUMBER:				REVISION NUMBE	R:		-
Т	HIS IS TO CERT	IFY THAT THE POLIC	IES O	F INS	SURANCE LISTED BELOW				RED NAMED ABOVE I	OR T		
C	ERTIFICATE MAY	BE ISSUED OR MAY	PER	TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	DED B'	Y THE POLICI	IES DESCRIE	ED HEREIN IS SUBJ			
INSR LTR		OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
Α	X COMMERCIAI	L GENERAL LIABILITY					. ,		EACH OCCURRENCE		\$	1,000,000
	CLAIMS-	MADE X OCCUR			IHG1000307-03		8/31/2023	8/31/2024	DAMAGE TO RENTED PREMISES (Ea occurren	ce)	\$	100,000
									MED EXP (Any one perso	·	\$	5,000
									PERSONAL & ADV INJU	RY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$	2,000,000	
	X POLICY PRO- JECT LOC										\$	2,000,000
	OTHER:								HIRED NON OWNED		\$	1,000,000
Α	AUTOMOBILE LIAE	BILITY							COMBINED SINGLE LIM (Ea accident)	IT	\$	1,000,000
	ANY AUTO				IHG1000307-03		8/31/2023	8/31/2024	BODILY INJURY (Per person)		\$	
	OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per ac	cident)	\$	
	X HIRED AUTOS ONLY	X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
											\$	
В	X UMBRELLA L	IAB X OCCUR							EACH OCCURRENCE		\$	1,000,000
	EXCESS LIAB	EXCESS LIAB CLAIMS-MADE			TBD		8/31/2023	8/31/2024	AGGREGATE		\$	
	DED X R	RETENTION \$	D								\$	1,000,000
	WORKERS COMPEI									DTH- R		
		PARTNER/EXECUTIVE							E.L. EACH ACCIDENT		\$	
	(Mandatory in NH)		1						E.L. DISEASE - EA EMP	OYEE	\$	
	DÉSCRIPTION OF C	DPERATIONS below							E.L. DISEASE - POLICY		\$	
C	Directors & Off	licers			618872876		8/31/2023	8/31/2024	Ded \$1,000			1,000,000
Bor Bor Loa	rower: Full Name rower: Complete	, Address	⊥ ;LES (/	ACORI	D 101, Additional Remarks Schedu		De attached if mor	e space is requi	i			
						eur			ESCRIBED POLICIES	BE C		
1						а зпс	JULD ANT UP		LOOKIDED FULICIES		NINCEL	LLD DEFURE

SAMPLE CERTIFICATES Lender Mortgagee Clause Lender Address

AUTHORIZED REPRESENTATIVE

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.