



CERTIFICATE OF PROPERTY INSURANCE

ALEWIS

DATE (MM/DD/YYYY)
08/29/2022

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.

PRODUCER Lewis Association Insurance 1550 Anna Ruby Lane Kennesaw, GA 30152	CONTACT NAME: PHONE (A/C, No, Ext): (404) 245-7208 FAX (A/C, No): E-MAIL ADDRESS: certificates@lewisassociationinsurance.com PRODUCER CUSTOMER ID: MULBCON-01														
INSURED Mulberry Condominium Association, Inc. 807 Park Ridge Circle Marietta, GA 30068	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : QBE Insurance Corporation</td> <td style="text-align: center;">39217</td> </tr> <tr> <td>INSURER B : Continental Casualty Company</td> <td style="text-align: center;">20443</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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : QBE Insurance Corporation	39217	INSURER B : Continental Casualty Company	20443	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
QBE Property Policy provides:
SEE ATTACHED ACORD 101

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	IHG1000307-02	08/31/2022	08/31/2023	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				10,000	BUSINESS INCOME	\$
	BROAD				CONTENTS	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL					RENTAL VALUE	\$
	EARTHQUAKE				1.0000%	<input checked="" type="checkbox"/> BLANKET BUILDING	23,544,988
	<input checked="" type="checkbox"/> WIND					BLANKET PERS PROP	\$
	FLOOD					BLANKET BLDG & PP	\$
<input checked="" type="checkbox"/> Wtr Dmg PU	10,000		\$				
<input checked="" type="checkbox"/> Wtr Dmg Min	25,000		\$				
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS	POLICY NUMBER				\$	
	<input type="checkbox"/> NAMED PERILS					\$	
B	<input checked="" type="checkbox"/> CRIME	618872876	08/31/2022	08/31/2023	<input checked="" type="checkbox"/> Ded \$5,000	300,000	
	TYPE OF POLICY Crime (Includes Burglary)						\$
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	IHG1000307-02	08/31/2022	08/31/2023	<input checked="" type="checkbox"/> Included	\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Borrower: Full Name
 Borrower: Complete Address
 Loan #

CERTIFICATE HOLDER SAMPLE CERTIFICATES Lender Mortgagee Clause Lender Address	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. AUTHORIZED REPRESENTATIVE
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Lewis Association Insurance		NAMED INSURED Mulberry Condominium Association, Inc. 807 Park Ridge Circle Marietta, GA 30068	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance

Description of Property:

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 Limit – Included

Demolition Cost & Increase Cost of Construction Deductible \$5,000 Limit – \$3,000,000 Combined

(LOCATION OF PREMISES / DESCRIPTION OF PROPERTY)

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 8 - 4 units – 301-304 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 13 - 7 units – 301-307 Carryback Drive Marietta, GA 30068

Building 14 - 7 units – 201-207 Carryback Drive Marietta, GA 30068

Building 15 - 4 units – 101-104 Carryback Drive Marietta, GA 30068

Building 16 - 3 units – 1101-1103 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 Endorsement (Broad Form)

IL 00 30 (01-06) Exclusion of Terrorism

IL 02 62 (02-15) Georgia Changes – Cancellation and Nonrenewal

IL 09 35 (07-02) Exclusion of Certain Computer-Related Losses

**ADDITIONAL REMARKS SCHEDULE**

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ADDITIONAL REMARKS

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FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance

IL 09 53 (01-15) Exclusion of Certified Acts of Terrorism
IL 09 85 (01-08) Disclosure Pursuant to Terrorism Risk Insurance Act
IL 09 85 (12-20) Disclosure Pursuant to Terrorism Risk Insurance Act
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 20 51 (11-18) Residential Per Unit Deductible
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 Declarations
CG 00 01 (04-13) Commercial General Liability Coverage Form
CG 21 47 (12-07) Employment-Related Practices Exclusion
CG 21 49 (09-99) Total Pollution Exclusion Endorsement
CG 21 60 (09-98) Exclusion – Year 2000 computer-related and other 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 Exclusion
CG 24 26 (04-13) Amendment of Insured Contract Definition
CG 26 67 (04-00) Georgia Changes – Additional Insurer – Condominium Associations
QBCG-0100 (08-09) Exclusion – Asbestos Liability
QBCG-0101 (08-09) Exclusion – Lead Liability
QBCG 20 50 (11-18) Medical Payments for Condominium Unit Owners
QBCG 20 51 (11-18) Hired Auto and Non-Owned Liability
QBCG 20 52 (11-18) General Liability Broadening Endorsement

CNA Fidelity Bond/Employee Dishonesty provides:

Managing Agent Rider



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2022

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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).

PRODUCER Lewis Association Insurance 1550 Anna Ruby Lane Kennesaw, GA 30152	CONTACT NAME: PHONE (A/C, No, Ext): (404) 245-7208	FAX (A/C, No):
	E-MAIL ADDRESS: certificates@lewisassociationinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Mulberry Condominium Association, Inc. 807 Park Ridge Circle Marietta, GA 30068	INSURER A: QBE Insurance Corporation	NAIC # 39217
	INSURER B: Scottsdale Insurance Company	41297
	INSURER C: Continental Casualty Company	20443
	INSURER D:	
	INSURER E:	
	INSURER F:	

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR 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:			IHG1000307-02	8/31/2022	8/31/2023	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 - COMP/OP AGG \$ 2,000,000 HIRED NON OWNED \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			IHG1000307-02	8/31/2022	8/31/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			TBD	8/31/2022	8/31/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Directors & Officers			618872876	8/31/2022	8/31/2023	Ded \$1,000 1,000,000

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

Borrower: Full Name
Borrower: Complete Address
Loan #

CERTIFICATE HOLDER **CANCELLATION**

SAMPLE CERTIFICATES Lender Mortgagee Clause Lender Address	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