

## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 08/31/2021

ALEWIS

CI BI		IFICATE DOE W. THIS CE	ES NOT AFFIR	AS A MATTER OF INFORMATION MATIVELY OR NEGATIVELY AMEN F INSURANCE DOES NOT CONSTI R, AND THE CERTIFICATE HOLDER	ND, EXTEND OR	ALTER THE CO	OVE	RAGE AFFORDED	BY TH	IE POLICIES			
PRO	UCE	R			CONTACT NAME:	CONTACT NAME:							
Lewi	s As	ssociation Ins	surance			PHONE (A/C, No, Ext):     (404)     245-7208     FAX (A/C, No):       E-MAIL ADDRESS:     certificates@lewisassociationinsurance.com							
1550 Keni	An	na Ruby Lane w, GA 30152	)		E-MAIL ADDRESS. Cert								
I CIII	1030	W, OA 30132			PRODUCER CUSTOMER ID:	MULBCON-01							
						INSURER(S) AFFORDING COVERAGE							
INSURED						INSURER A : QBE Insurance Corporation							
					INSURER B : CO	INSURER B : Continental Casualty Company							
				n Association, Inc.	INSURER C :	INSURER C :							
			Ridge Circle		INSURER D :								
		mariotta	, 0,, 00000		INSURER E :								
					INSURER F :								
co	/ER	AGES		CERTIFICATE NUMBER:	•		RE	VISION NUMBER:					
		I OF PREMISES / I perty Policy p		ROPERTY (Attach ACORD 101, Additional Remark	ks Schedule, if more sp	ace is required)							
SEE	АТТ	ACHED ACOR	RD 101										
IN CE	DIC/ RTI	ATED. NOTWIT	HSTANDING AN E ISSUED OR MA	CIES OF INSURANCE LISTED BELOW HA Y REQUIREMENT, TERM OR CONDITION AY PERTAIN, THE INSURANCE AFFORDE SUCH POLICIES. LIMITS SHOWN MAY HA	I OF ANY CONTRAC	CT OR OTHER DOC		ENT WITH RESPECT T	O WHI	CH THIS			
INSR LTR		TYPE OF INS	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)			COVERED PROPERTY		LIMITS			
A	X	PROPERTY			00/04/0004	00/04/0000		BUILDING	\$				
	CAL	ISES OF LOSS	DEDUCTIBLES	IHG1000307-00	08/31/2021	08/31/2022		PERSONAL PROPERTY	\$				
		BASIC	BUILDING 5,000					BUSINESS INCOME	\$				
		BROAD	CONTENTS	-				EXTRA EXPENSE	\$				
	X	SPECIAL		-				RENTAL VALUE	\$				
		EARTHQUAKE		_			X	BLANKET BUILDING	\$	19,138,140			
	Χ	WIND	5,000					BLANKET PERS PROP	\$				
		FLOOD						BLANKET BLDG & PP	\$				
	Χ	Wtr dmg PU	10,000						\$				
	Χ	GRC							\$				
		INLAND MARINE		TYPE OF POLICY					\$				
	CAL	ISES OF LOSS							\$				
		NAMED PERILS		POLICY NUMBER					\$				
									\$				
В	Х	CRIME					X	Emp Dishonesty	\$	300,000			
		E OF POLICY					X	Ded	\$	1,000			
	Crime (Includes Burglary)		s Burglary)	618872876	08/31/2021	08/31/2022			\$				
Α	A X BOILER & MACHINERY / EQUIPMENT BREAKDOWN						X	included	\$				
		EQUIPMENT BRI		IHG1000307-00	08/31/2021	08/31/2022			\$				
									\$				
									\$				
Borr	owe owe	conditions / oth r: Full Name r: Complete Ad		ACORD 101, Additional Remarks Schedule, may b	e attached if more spa	ce is required)							
CEF	RTIF		DER		CANCELLAT					]			
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 RE	AUTHORIZED REPRESENTATIVE							

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AGENCY CUSTOMER ID: MULBCON-01



LOC #: \_

ADDITIONAL REMARKS SCHEDULE

Page 1 of 2

AGENCY Lewis Association Insurance		NAMED INSURED Mulberry Condominium Association, Inc. 807 Park Ridge Circle Marietta, GA 30068							
		Marietta, GA 30068							
	NAIC CODE	-							
SEE PAGE 1	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 Ded \$5,000 Limit – Included Demolition Cost & Increase Cost of Construction Ded \$5,000 Limit – \$3,000,000 Combined									
(LOCATION OF PREMISES / DESCRIPTION OF PROPE	RTY)								
17 Buildings - 100 Total Units	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 - 201-207 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 - 101-1103 Bridle Path 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 17 - 5 units - 101-104 Carryback Drive Marietta, GA 30068 Building 17 - 5 units - 101-104 Carryback Drive 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 #:

ADDITIONAL	L REMA	RKS SCHEDULE Page 2 of 2							
AGENCY Lewis Association Insurance		NAMED INSURED Mulberry Condominium Association, Inc.							
POLICY NUMBER		Mulberry Condominium Association, Inc. 807 Park Ridge Circle 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: <u>ACORD 24</u> FORM TITLE: <u>Certificate of Prope</u>	erty insurance								
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 90 (07-88) Commercial Property Conditions CP 01 40 (07-06) Exclusion of Loss Due To Virus Or Bacteria CP 01 40 (07-06) Exclusion of Loss Due To Virus Or Bacteria CP 10 167 (02-09) Georgia Changes – Condominium Associations 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 Declar CG 00 01 (04-13) Commercial General Liability Covera CG 21 06 (05-14) Exclusion – Access or Disclosure of Bodily Injury Exception CG 21 47 (12-07) Employment-Related Practices Exclu CG 21 49 (09-99) Total Pollution Exclusion Endorseme CG 21 60 (09-98) Exclusion – Year 2000 computer-rela 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 Defi CG 26 67 (04-00) Georgia Changes – Additional Insure QBCG-0100 (08-09) Exclusion – Lead Liability QBCG 20 50 (11-18) Medical Payments for Condomini QBCG 20 51 (11-18) Hired Auto and Non-Owned Liabil QBCG 20 52 (11-18) General Liability Broadening End	age Form Confidentia usion ent ated and oth n on inition er – Condom um Unit Ow lity	ninium Associations							
CNA Fidelity Bond/Employee Dishonesty provides:									
Managing Agent Rider									



## ERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

ALEWIS

MULBCON-01

								8/31/2021				
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.												
lf	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).											
	DUCE					CONTACT NAME:						
		ssociation Insurance				PHONE (A/C, No, Ext): (404) 245-7208 FAX (A/C, No):						
		na Ruby Lane aw, GA 30152				E-MAIL ADDRESS: certificates@lewisassociationinsura				com		
								NAIC #				
							INSURER(S) AFFORDING COVERAGE INSURER A : QBE Insurance Corporation					
INSURED						INSURER B : The Continental Insurance Company					35289	
		Mulberry Condominium Ass	ocia	tion,	Inc.	INSURER	c: Contine	ental Casua	Ity Company		20443	
		807 Park Ridge Circle Marietta, GA 30068				INSURER	D :					
		Marietta, GA 50000				INSURER E :						
						INSURER	F:					
					ENUMBER:				REVISION NUMBER:			
IN C	DIC/ ERTI	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORE	N OF AN DED BY	IY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT 1	СТ ТО	WHICH THIS	
INSR LTR		TYPE OF INSURANCE		SUBR				POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	x	COMMERCIAL GENERAL LIABILITY	INSD		. CLIOT NOMBEN		ויוויו//טט/זזזי)	(איזזיעטיייי)	EACH OCCURRENCE	s	1,000,000	
		CLAIMS-MADE X OCCUR			IHG1000307-00		8/31/2021	8/31/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$	2,000,000	
									PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								HIRED NON OWNED	\$	1,000,000	
A	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
					IHG1000307-00	8/31/2021	8/31/2022	BODILY INJURY (Per person)	\$			
		OWNED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
в	x	UMBRELLA LIAB X OCCUR								\$	1,000,000	
	^	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			CUE 6043180478		8/31/2021	8/31/2022	EACH OCCURRENCE	\$	1,000,000	
	DED X RETENTION \$ 0								AGGREGATE	\$	1.000.000	
		RKERS COMPENSATION							PER OTH-	\$		
									E.L. EACH ACCIDENT	\$		
	OFF (Mai	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. DISEASE - EA EMPLOYEE			
	If ye	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
С		ectors & Officers			618872876		8/31/2021	8/31/2022	Ded \$1,000		1,000,000	
Borr Borr Loar	owe owe 1 #	TION OF OPERATIONS / LOCATIONS / VEHIC er: Full Name er: Complete Address FICATE HOLDER	LES (	ACORE	D 101, Additional Remarks Schedul		attached if more	e space is requir	red)			
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