

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

7/16/2026

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.

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh McLennan Agency 295 W Clayton St Suite 200 Athens, GA 30601	CONTACT NAME: PHONE (A/C, No, Ext): 678 726-0540 FAX (A/C, No): 770 725-5282 E-MAIL ADDRESS: mcg.coi@marshmma.com														
INSURED Mount Vernon Towers Condominium Association, Inc. 300 Johnson Ferry Rd NE (ADMIN) Sandy Springs, GA 30328-4157	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : AIG Specialty Insurance Company</td> <td>26883</td> </tr> <tr> <td>INSURER B : NorthStone Insurance Company</td> <td>13045</td> </tr> <tr> <td>INSURER C : Fireman's Fund Insurance Company</td> <td>21873</td> </tr> <tr> <td>INSURER D : Selective Insurance Co of America</td> <td>12572</td> </tr> <tr> <td>INSURER E : National Union Fire Ins Co of Pitt. PA</td> <td>19445</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : AIG Specialty Insurance Company	26883	INSURER B : NorthStone Insurance Company	13045	INSURER C : Fireman's Fund Insurance Company	21873	INSURER D : Selective Insurance Co of America	12572	INSURER E : National Union Fire Ins Co of Pitt. PA	19445	INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ BI/PD Ded:10,000 GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:	X		SLG5NP000178301	05/08/2026	05/08/2027	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$50,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
E	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	X	X	SLNUHA001377206	05/08/2026	05/08/2027	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			SLG5NP000178301	05/08/2026	05/08/2027	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 Prod/Co Agg \$1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? ☒ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCN6009650	01/01/2026	01/01/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Professional Liab			SLG5NP000178301	05/08/2026	05/08/2027	\$1,000,000/\$3,000,000
C	Property			USC044800250	05/08/2026	05/08/2027	\$85,073,500 (Blanket)
D	Crime CL			B6013092	05/08/2026	05/08/2027	\$850,000/\$7,500 Ded

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

300 Unit Condominium Association. 300 Johnson Ferry Road NE, Atlanta GA 30328

Property:

Fireman's Fund Insurance Company - Policy #USC044800250 - Eff Date: 05/08/2026 Exp Date: 05/08/2027

Special Perils / Replacement Cost Coverage. Original Specifications - Cost to repair or replace. Equipment

Breakdown Coverage is included

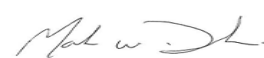
(See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

Mount Vernon Towers Condominium Association, Inc.
 300 Johnson Ferry Rd NE (Admin)
 Sandy Springs, GA 30328

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



DESCRIPTIONS (Continued from Page 1)

Property Deductible - \$15,000.

Water Damage Per Unit Deductible - \$50,000

Storm Deductible - \$50,000

Named Storm Deductible - \$50,000

\$25,000,000 - Earth Movement Limit - \$50,000 Deductible

\$1,000,000 - Flood Coverage Limit - \$50,000 Deductible.

\$85,073,500 - Demolition and Increased Cost of Construction for Undamaged Buildings

\$1,000,000 - Demolition and Increased Cost of Construction for Increased Cost of Construction

\$1,000,000 - Demolition and Increased Cost of Construction for Increased Cost to Replace Equipment

\$1,000,000 - Demolition and Increased Cost of Construction for Law and Ordinance Amendment

Professional Health Care Liability:

Lexington Insurance Company - Policy #SLG5NP000178301 - Eff Date: 05/08/2026 Exp Date: 05/08/2027

\$1,000,000 - Each Medical Incident Limit

\$3,000,000 - Aggregate Limit

\$10,000 - Deductible - Each Medical Incident

Crime:

Selective Insurance Co of America - Policy #B6013092 - Eff Date: 05/08/2026 Exp Date: 05/08/2027

\$ 850,000 - Blanket Employee Dishonesty - \$7,500 Deductible.