Client#: 2107376 594MOUNTVER

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/22/2023

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.

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).

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PRODUCER	CONTACT NAME:	
McGriff Insurance Services LLC	PHONE (A/C, No, Ext): 678 726-0540 FAX (A/C,	No): 770 725-5282
1150 Julian Drive 2nd Floor	E-MAIL ADDRESS:	110).
Suite 200	INSURER(S) AFFORDING COVERAGE	NAIC #
Watkinsville, GA 30677	INSURER A: Lexington Insurance Company	19437
INSURED	INSURER B : Key Risk Insurance Company	10885
Mount Vernon Towers Condominium	INSURER C : Arch Insurance Company	11150
Association, Inc.	INSURER D: Selective Insurance Co of America	12572
300 Johnson Ferry Rd NE (Admin)	INSURER E: National Union Fire Ins Co of Pitt. PA	19445
Sandy Springs, GA 30328-4157	INSURER F:	

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURAN	NCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	Χ	COMMERCIAL GENERAL	LIABILITY	X		SLG4NP000525601	05/08/2023	05/08/2024	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	Χ	BI/PD Ded: 10,000	0						MED EXP (Any one person)	\$50,000
									PERSONAL & ADV INJURY	\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPI	LIES PER:						GENERAL AGGREGATE	\$3,000,000
		POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
		OTHER:								\$
Е	AUT	OMOBILE LIABILITY		X	X	SLNUHA001377203	05/08/2023	05/08/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
		AUTOS ONLY A	CHEDULED UTOS						BODILY INJURY (Per accident)	\$
	X		ON-OWNED UTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
Α		UMBRELLA LIAB X	OCCUR			SLG4NP000525601	05/08/2023	05/08/2024	EACH OCCURRENCE	\$1,000,000
	X	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$1,000,000
		DED RETENTION \$	\$						PROD/CO AGG	\$1,000,000
В		RKERS COMPENSATION DEMPLOYERS' LIABILITY				KEY0136026	01/01/2023	01/01/2024	X PER OTH-	
	ANY	PROPRIETOR/PARTNER/E. ICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$500,000
	(Mai	ndatory in NH)	·	, ^					E.L. DISEASE - EA EMPLOYEE	\$500,000
	If ye	s, describe under CRIPTION OF OPERATIONS	S below						E.L. DISEASE - POLICY LIMIT	\$500,000
С	Property				PMM100082600	05/08/2023	05/08/2024	\$69,917,590		
D	Cri	me				B6013092	05/08/2023	05/08/2024	\$850,000/\$8,500 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:

Arch Insurance Company - Policy #PMM100082600 - Eff Date: 05/08/2023 Exp Date: 05/08/2024

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

(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

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DESCRIPTIONS (Continued from Page 1)
Breakdown Coverage is included Property Deductible = \$15,000. Wind/Hail Deductible = \$25,000. Water Damage Deductible = \$50,000 \$ 1,000,000 - Flood Coverage - \$50,000 Deductible. \$67,100,000 - Demolition and Increased Cost of Construction for Undamaged Buildings \$ 250,000 - Demolition and Increased Cost of Construction for Increased Cost of Construction \$ 250,000 - 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
Crime: Selective Insurance Co of America - Policy #B6013092 - Eff Date: 05/08/2023 Exp Date: 05/08/2024 \$ 850,000 - Blanket Employee Dishonesty - \$8,500 Deductible.