

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).

<b>PRODUCER</b> McGriff Insurance Services LLC 1150 Julian Drive 2nd Floor Suite 200 Watkinsville, GA 30677	<b>CONTACT NAME:</b> McGriff Certificate Team <b>PHONE (A/C, No, Ext):</b> 678 726-0540 <b>E-MAIL ADDRESS:</b> certificate@mcgriff.com	<b>FAX (A/C, No):</b> 770 725-5282													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER B : NorthStone Insurance Company</td> <td>13045</td> </tr> <tr> <td>INSURER C : Arch Insurance Company</td> <td>11150</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 : Lexington Insurance Company	19437	INSURER B : NorthStone Insurance Company	13045	INSURER C : Arch Insurance Company	11150	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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<b>INSURED</b> Mount Vernon Towers Condominium Association, Inc. 300 Johnson Ferry Rd NE (ADMIN) Sandy Springs, GA 30328-4157															


**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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>BI/PD Ded: 10,000</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>SLG4NP000525602</b>	<b>05/08/2024</b>	<b>05/08/2025</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>50,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b> \$
<b>E</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>SLNUHA001377204</b>	<b>05/08/2024</b>	<b>05/08/2025</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			<b>SLG4NP000525602</b>	<b>05/08/2024</b>	<b>05/08/2025</b>	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> <b>Prod/Co Agg</b> \$ <b>1,000,000</b>
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	<b>WCN6009650</b>	<b>01/01/2024</b>	<b>01/01/2025</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
<b>C</b>	<b>Property</b>			<b>PMM100082601</b>	<b>05/08/2024</b>	<b>05/08/2025</b>	\$ <b>69,917,590 (Total)</b>
<b>D</b>	<b>Crime</b>			<b>B6013092</b>	<b>05/08/2024</b>	<b>05/08/2025</b>	\$ <b>850,000/\$8,500 Ded</b>
<b>A</b>	<b>Prof Liab</b>			<b>SLG4NP000525602</b>	<b>05/08/2024</b>	<b>05/08/2025</b>	\$ <b>1,000,000/\$3,000,000</b>

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 #PMM100082601 - Eff Date: 05/08/2024 Exp Date: 05/08/2025  
 Special Perils / Replacement Cost Coverage. Original Specifications - Cost to repair or replace. Equipment  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> Mount Vernon Towers Condominium Association, Inc. 300 Johnson Ferry Rd NE (Admin) Sandy Springs, GA 30328	<b>CANCELLATION</b> 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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