

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/14/2025

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> <b>McGriff, a MMA LLC Company</b> <b>1150 Julian Drive 2nd Floor</b> <b>Suite 200</b> <b>Watkinsville, GA 30677</b>	<b>CONTACT NAME:</b> McGriff Certificate Team <b>PHONE (A/C, No, Ext):</b> 678 726-0540 <b>FAX (A/C, No):</b> 770 725-5282 <b>E-MAIL ADDRESS:</b> certificate@mcgriff.com														
<b>INSURED</b> <b>Mount Vernon Towers Condominium Association, Inc.</b> <b>300 Johnson Ferry Rd NE (ADMIN)</b> <b>Sandy Springs, GA 30328-4157</b>	<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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded: 10,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		SLG5NP000178300	05/08/2025	05/08/2026	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 <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	SLNUHA001377205	05/08/2025	05/08/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			SLG5NP000178300	05/08/2025	05/08/2026	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? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCN6009650	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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			SLG5NP000178300	05/08/2025	05/08/2026	\$1,000,000/\$3,000,000
C	Property			USC044800250	05/08/2025	05/08/2026	\$85,073,500 (Blanket)
D	Crime			B6013092	05/08/2025	05/08/2026	\$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:**

Fireman's Fund Insurance Company - Policy #USC044800250 - Eff Date: 05/08/2025 Exp Date: 05/08/2026

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



## DESCRIPTIONS (Continued from Page 1)

**Breakdown Coverage is included**

**Property Deductible = \$15,000. Water Damage Per Unit Deductible = \$50,000**

**Storm and Named Storm Deductible = \$50,000**

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

**\$1,000,000 - Flood Coverage - \$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 #SLG5NP000178300 - Eff Date: 05/08/2025 Exp Date: 05/08/2026**

**\$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: 05/08/2025 Exp Date: 05/08/2026**

**\$ 850,000 - Blanket Employee Dishonesty - \$8,500 Deductible.**