



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
02/28/2023

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY DAN BARRACLIFF AGENCY 851 BEAVER RUIN ROAD LILBURN, GA 30047	PHONE (A/C, No, Ext): 770-921-5040	COMPANY State Farm Fire and Casualty Company	NAIC # 25143
FAX (A/C, No):	E-MAIL ADDRESS: josie@barraciff.com		
CODE:	SUB CODE:		
AGENCY CUSTOMER ID #:			
INSURED THE ALDREDGE CONDOMINIUM ASSOCIATION, INC 2675 PACES FERRY ROAD SE SUITE 125 ATLANTA, GA 30339	LOAN NUMBER	POLICY NUMBER 91-C9-E162-9	
	EFFECTIVE DATE 02/01/2023	EXPIRATION DATE 02/01/2024	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION ABINGTON COURT BROOKHAVEN, GA 30319
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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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED BASIC BROAD SPECIAL

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A-BUILDING COVERAGE	\$22,677,200	\$10,000
B-PERSONAL PROPERTY		
C-LOSS USE ACTUAACL LOSS		
L-BUSINESS LIABILITY (EACH OCCURENCE)	\$1,000,000	
DAMAGE TO PROPERTY	\$300,000	
M-MEDICAL PAYMENTS	\$5,000	

REMARKS (Including Special Conditions)

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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS SAMPLE	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	MORTGAGEE		
LOAN #			
AUTHORIZED REPRESENTATIVE 			