

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/18/2020

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

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PRODUCER MARK GRAY AGENCY					CONTACT NAME: MARK GRAY						
	66 EASTBROOK BEND					PHONE (A/C, No, Ext): 770-487-8561 FAX (A/C, No): 770-487-0220					
						E-MAIL ADDRESS: MARK.GRAY.GZ37@STATEFARM.COM					
PEACHTREE CITY, GA 30269					INSURER(S) AFFORDING COVERAGE					NAIC#	
Carlot Ca					INSURER A : State Farm Fire and Casualty Company					25143	
INSURED TOWNS AT NORTH PEACHTREE						INSURER B:					
2675 PACES FERRY RD SE STE 125					INSURER C:						
			- 01	L 125	INSURER D :						
ATLANTA, GA 30339					INSURER E :						
						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.										THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDU	SUBR	POLICY NUMBER	PO (MM	LICY EFF (DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	GENERAL LIABILITY	Υ	Υ	91-B7-E556-1		19/2020	01/19/2021	EACH OCCURRENCE	\$	1,000,000	
′`	X COMMERCIAL GENERAL LIABILITY		السا					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000	
					İ			PERSONAL & ADV INJURY	\$		
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	ļ			ļ			PRODUCTS - COMP/OP AGG	\$	2,000,000	
	POLICY PRO- JECT LOC				İ				\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO	<u> </u>	╢┷					BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	Adios							,	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	<u>.</u>	J L					AGGREGATE	\$		
	DED RETENTIONS	1							\$		
	WORKERS COMPENSATION	1						WC STATU- OTH- TORY LIMITS ER		_	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			ļ					E.L. EACH ACCIDENT	\$		
OFFICE/MEMBER EXCLUDED? (Mandatory in NH)			·					E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$		
	DESCRIPTION OF OFENANTONS BEION										
			١								
			,								
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule, if m	ore space is	required)				
ALIV	ILLARY STRUCTURES - \$46,000										
	DING COVERAGE - \$10.589.600										
DEDUCTIBLE: \$10,000											
CERTIFICATE HOLDER						CANCELLATION					
VALITY OF THE TOPPES											
FIELDSTONE REALTY PARTNERS LLC						SHOULD ANY OF THE BOVE DESCRIBED FOLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
2675 PACES FERRY RD SE STE 125						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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ATLANTA, GA 30339-4266					AUTHORIZED REPRESENTATIVE						
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