

ACORD 25 (2016/03)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/22/2021

1001486 132849.13 04-22-2020

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

PROD	ÜCER	CONTACT MARK GRAY									
Sta	tateFarm Mark Gray Agency					PHONE 770-487-8561 FAX (A/C, No): 770-487-0220					
	66 EASTBROOK BEND		E-MAIL ADDRESS: MARK.GRAY.GZ37@STATEFARM.COM								
	PEACHTREE CITY, GA 30269					INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A: State Farm Fire and Casualty Company					25143	
INSURED						INSURER B:					
1	MIDWICK HOMEOWNERS	INSURER C:									
İ	ASSOCINC										
	2675 PACES FERRY RD SE STE 125					INSURER D:					
	ATLANTA GA 30339-4266					INSURER E:					
COV	·	TIEL	^ A T		INSURE	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.											
LTR	TYPE OF INSURANCE	TYPE OF INSURANCE INSD WVD P		POLICY NUMBER	POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DE		POLICY EXP (MM/DD/YYYY)				
-	COMMERCIAL GENERAL LIABILITY				i		ļ	EACH OCCURRENCE	\$ 1,00	0,000	
.].	CLAIMS-MADE X OCCUR						Į	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	<u> </u>						Į	MED EXP (Any one person)	\$ 5,00	0	
Α	<u> </u>			91-E3-H782-6 F		09/12/2021	09/12/2022	PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000	
Γ	POLICY PRO-						ļ	PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
Γ	OTHER:								\$		
	AUTOMOBILE LIABILITY	1						COMBINED SINGLE LIMIT	\$		
Ī	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
ļ	OWNED SCHEDULED					İ		BODILY INJURY (Per accident)	\$		
F	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	s		
ŀ	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR	├									
-	- Joseph Joseph						ļ	EACH OCCURRENCE	\$		
ŀ	EXCESS LIAB CLAIMS-MADE	1					-	AGGREGATE	\$		
	DED RETENTION S							DER (OTU.	\$		
J.	ND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	· .		
18	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT \$			
- 10	(Mandatory In NH) If yes, describe under						ļ	E.L. DISEASE - EA EMPLOYEE \$			
i	ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
								İ			
			1								
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (#	CORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)	-		
					Locatio	n: MULTIPLE	LOCATIONS	S- SEE SCHEDULE			
AUX	LIARY STRUCTURES: \$61,900 L	.035	INC	12 MONTH							
DEDUCTIBLE: \$10,000											
CERTIFICATE HOLDER CANCELLATION											
VER	INTOATE HOLDER			'	CAIAL	ELLATION				***************************************	
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										
THE EXPIRATION DATE THEREOF, NO ACCORDANCE WITH THE POLICY PROVISIO									RE DE	LIVERED IN	
	FIELDSTONE REALTY PAR	С	AUTHORIZED REPRESENTATIVE								
	2675 PACES FERRY RD SE										
	ATLANTA GA 30339-4	ı, f	1101								
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