




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/03/2017

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 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).

|   |  |   |               |
|---|--|---|---------------|
| <b>PRODUCER</b><br>MARK GRAY AGENCY<br>66 EASTBROOK BEND<br>PEACHTREE CITY, GA 30269<br> | <b>CONTACT NAME:</b> MARK GRAY                   | <b>FAX (A/C, No):</b> 770-487-0220                  |               |
|   | <b>PHONE (A/C, No, Ext):</b> 770-487-8561        | <b>E-MAIL ADDRESS:</b> MARK.GRAY.GZ37@STATEFARM.COM |               |
| <b>INSURED</b><br>PACES VIEW TOWNHOME ASSOC INC<br>2675 PACES FERRY RD SE STE 125<br>ATLANTA GA 30339-4266  | <b>INSURER(S) AFFORDING COVERAGE</b>             |   | <b>NAIC #</b> |
|   | INSURER A : State Farm Fire and Casualty Company |   | 25143         |
|   | INSURER B :                                      |   |               |
|   | INSURER C :                                      |   |               |
|   | INSURER D :                                      |   |               |
|   | INSURER E :                                      |   |               |
| INSURER F :   |  |   |               |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

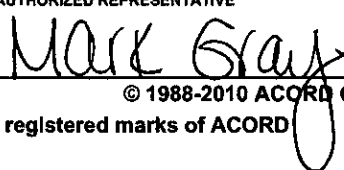
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR                                | SUBR WVD                              | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                       |
|----------|--|--|---------------------------------------|----------------|-------------------------|-------------------------|--|
| A        | <b>GENERAL LIABILITY</b>   | <input checked="" type="checkbox"/> Y    | <input checked="" type="checkbox"/> Y | 91-BG-H873-5 F | 09/13/2017              | 09/13/2018              | EACH OCCURRENCE \$ 1,000,000                 |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               |  |                                       |                |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |  |                                       |                |                         |                         | MED EXP (Any one person) \$ 5,000            |
|          |  |  |                                       |                |                         |                         | PERSONAL & ADV INJURY \$                     |
|          |  |  |                                       |                |                         |                         | GENERAL AGGREGATE \$ 2,000,000               |
|          |  |  |                                       |                |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000          |
|          |  |  |                                       |                |                         |                         |  |
|          |  |  |                                       |                |                         |                         |  |
|          |  |  |                                       |                |                         |                         |  |
|          |  |  |                                       |                |                         |                         |  |
|          | <b>AUTOMOBILE LIABILITY</b>  | <input type="checkbox"/>                 | <input type="checkbox"/>              |                |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$       |
|          | <input type="checkbox"/> ANY AUTO  |  |                                       |                |                         |                         | BODILY INJURY (Per person) \$                |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                       | <input type="checkbox"/> SCHEDULED AUTOS |                                       |                |                         |                         | BODILY INJURY (Per accident) \$              |
|          | <input type="checkbox"/> HIRED AUTOS   | <input type="checkbox"/> NON-OWNED AUTOS |                                       |                |                         |                         | PROPERTY DAMAGE (Per accident) \$            |
|          |  |  |                                       |                |                         |                         |  |
|          | <b>UMBRELLA LIAB</b>   | <input type="checkbox"/>                 | <input type="checkbox"/>              |                |                         |                         | EACH OCCURRENCE \$                           |
|          | <b>EXCESS LIAB</b>   | <input type="checkbox"/>                 | <input type="checkbox"/>              |                |                         |                         | AGGREGATE \$                                 |
|          | <b>DED</b>   | <input type="checkbox"/>                 | <input type="checkbox"/>              |                |                         |                         |  |
|          | <b>RETENTION \$</b>  | <input type="checkbox"/>                 | <input type="checkbox"/>              |                |                         |                         |  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                           | <input type="checkbox"/>                 | <input type="checkbox"/>              |                |                         |                         | WC STATUTORY LIMITS \$                       |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)     | <input type="checkbox"/>                 | <input type="checkbox"/>              |                |                         |                         | E.L. EACH ACCIDENT \$                        |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                         | <input type="checkbox"/>                 | <input type="checkbox"/>              |                |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                |
|          |  | <input type="checkbox"/>                 | <input type="checkbox"/>              |                |                         |                         | E.L. DISEASE - POLICY LIMIT \$               |
|          |  | <input type="checkbox"/>                 | <input type="checkbox"/>              |                |                         |                         | \$   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Building Coverage: \$40,561,100 BLANKET COVERAGE  
Deductible: \$10,000

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| <b>FIELDSTONE REALTY PARTNERS LLC</b><br>2675 PACES FERRY RD SE STE 125<br>ATLANTA GA 30339-4266 | 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<br>  |