

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/09/2024

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 flew of such endorsement(s).

| | is certificate does not confer rights to | | | | | | | require an endorseme | III. M S | tatement on | |
|---|---|---------------------------------------|-------------------------|--------------------------------|--|--|----------------------------|--|----------|-------------|--|
| PRODUCER | | | | | | CONTACT MARK CRAY | | | | | |
| State Farm MARK GRAY AGENCY | | | | | NAME: MARK GRAT PHONE (A/C, No, Ext): 770-487-8561 [A/C, No, Ext): 770-487-0220 | | | | | | |
| 66 EASTBROOK BEND | | | | | | E-MAIL ADDRESS: MARK@MARKGRAYINSURANCE.COM | | | | | |
| PEACHTREE CITY, GA 30269 | | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | |
| | | | | | | INSURER A : State Farm Fire and Casualty Company 25143 | | | | | |
| INSURED | | | | | | INSURER B: | | | | | |
| TRADITIONS NEIGHBORHOOD | | | | | INSURER C: | | | | | | |
| ASSOCIATION INC | | | | | INSURER D : | | | | | | |
| 2675 PACES FERRY RD SE STE 125 | | | | | | | | | | | |
| ATLANTA GA 30339-4266 | | | | | INSURER E: | | | | | | |
| COVERAGES CERTIFICATE NUMBER: | | | | | | REVISION NUMBER: | | | | | |
| _ | | | | | VE DEC | N ISSUED TO | | | THE PO | LICY BEBIOD | |
| 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. | | | | | | | | | | | |
| NSR LTR TYPE OF INSURANCE | | | ADD SUB POLICY NUMBER | | | POLICY EFF | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
| _دبعي | COMMERCIAL GENERAL LIABILITY | | | | | | 01/30/2025 | EACH OCCURRENCE \$ 1,00 | | 00,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | s | | |
| A | | | | | | | | MED EXP (Any one person) | \$ 5,00 | 00 | |
| | | | | 91-CW-D935-3 F | | | | PERSONAL & ADV INJURY | \$ | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | 1 | | | GENERAL AGGREGATE | + - | 00,000 | |
| | PRO- | | | | | | | PRODUCTS - COMP/OP AGG | | | |
| | POLICY JECT LOC OTHER: | | | | | | | 7.7.00 | \$ 2,50 | 50,000 | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | , | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident |) \$ | · | |
| | HIRED NON-OWNED AUTOS ONLY | | [| | | | ļ | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | (| | | | ĺ | , | s | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | s | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION \$ | 1 | | | | | | | s | | |
| | WORKERS COMPENSATION | | 1 | • • • • | | | | PER OTH- STATUTE ER | \$ | ···· | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N | | | | | | ľ | E.L. EACH ACCIDENT | s | | |
| | OFFICER/MEMBER EXCLUDED? [Mandatory In NH] | N/A | | | | | l | E.L. DISEASE - EA EMPLOYE | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | + - | | |
| | DESCRIPTION OF OPERATIONS BEIOW | | | | • • | | | L.L. OIGE, W.E. T. GETGT ENVIRO | 1. | | |
| | | | | | | | | | | | |
| DESC | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (/ | ACORD | 101, Additional Remarks Schedu | ile, may b | e attached if mor | e space is requir | ed) | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) AUXILIARY STRUCTURES: \$2,132,500 | | | | | | | | | | | |
| BUSINESS PROPERTY: \$141,700 | | | | | | | | | | | |
| DEI | DUCTIBLE: \$2,500 | | | | | | | | | | |
| | | | | OANOEL LATION | | | | | | | |
| UET | RTIFICATE HOLDER | · · · · · · · · · · · · · · · · · · · | CANC | CANCELLATION | | | | | | | |
| FIELDSTONE REALTY PARNTERS LLC | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| 2675 PACES FERRY RD STE 125 | | | | | | AUTHORIZED REPRESENTATIVE | | | | | |
| ATLANTA GA 30339-4266 | | | | | | | | | | | |
| | | | | | | Mare Gran | | | | | |