



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/05/2024

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.

PRODUCER Dreher Insurance 1805 Herrington Rd, Bdg 1 Ste C Lawrenceville, GA 30043	CONTACT NAME: PHONE (A/C, No, Ext): (678)205-0224 FAX (A/C, No): (678)497-0810 E-MAIL ADDRESS: coi@dreher.insure PRODUCER CUSTOMER ID: 00000490														
INSURED Covered Bridge At Barnes Mill Condo Association c/o Michael Weinman 4480 South Cobb Drive, Suite H-114 Smyrna, GA 30080	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : American Alternative Association Corp.</td><td>19720</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Alternative Association Corp.	19720	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Smyrna GA 30082

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/>	PROPERTY	CAU531115-1	06/30/2024	06/30/2025	<input checked="" type="checkbox"/> BUILDING	\$GRC
		CAUSES OF LOSS				<input type="checkbox"/> PERSONAL PROPERTY	\$
		BASIC				<input type="checkbox"/> BUSINESS INCOME	\$
		BROAD				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL				<input type="checkbox"/> RENTAL VALUE	\$
		EARTHQUAKE				<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/>	WIND				<input type="checkbox"/> BLANKET PERS PROP	\$
		FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/>	Water					\$
							\$
		INLAND MARINE	TYPE OF POLICY				\$
		CAUSES OF LOSS					\$
		NAMED PERILS	POLICY NUMBER				\$
							\$
A	<input checked="" type="checkbox"/>	CRIME	CAU531115-1	06/30/2024	06/30/2025		\$
		TYPE OF POLICY					\$
		Crime /Fidelity				<input checked="" type="checkbox"/>	\$150,000
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	CAU531115-1	06/30/2024	06/30/2025	<input checked="" type="checkbox"/>	\$Included
A		Ordinance / Law	CAU531115-1	06/30/2024	06/30/2025	<input checked="" type="checkbox"/> Cov. A	\$GRC
						<input checked="" type="checkbox"/> Cov. B&C	\$300,000 each

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Residential Condominium Association - 70 Units
Property coverage is walls-in back to original built specifications.
Unit owners' betterments and improvements are not covered
Guaranteed Replacement Cost. Ratable Limit \$22,275,000
The management company is an additional insured on the crime coverage.
30-day notice of cancellation, 10-day notice of cancellation for non-payment.

CERTIFICATE HOLDER**CANCELLATION**

For Informational Purposes Only

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

PSL

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