





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/26/2023

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).

<b>PRODUCER</b> <b>Dreher Insurance</b> <b>1805 Herrington Rd, Bdg 1 Ste C</b> <b>Lawrenceville, GA 30043</b>	<b>CONTACT NAME:</b> Fred Rimando+ <b>PHONE (A/C, No, Ext):</b> (678)205-0224 <b>E-MAIL ADDRESS:</b> certificates@dreherinsurance.org	<b>FAX (A/C, No):</b> (678)497-0810
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>Westchester Square Condominium Association, Inc.</b> <b>c/o Carter Communities, Inc.</b> <b>711 Cedar Creek Way</b> <b>Woodstock, GA 30189</b>	<b>INSURER A : American Alternative</b>	
	<b>INSURER B : Greenwich</b>	
	<b>INSURER C : CAIS</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES**

CERTIFICATE NUMBER: 00007228-151884

REVISION NUMBER: 18

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CAU510886-4	05/29/2023	05/29/2024	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>Unlimited</b> PRODUCTS - COMPI/OP AGG \$ <b>2,000,000</b> \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAU510886-4	05/29/2023	05/29/2024	COMBINED SINGLE LIMIT (Ea accident) \$ <b>2,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7445500-15	05/29/2023	05/29/2024	EACH OCCURRENCE \$ <b>10,000,000</b> AGGREGATE \$ <b>10,000,000</b> \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	202301-11-62-65-0Y	05/29/2023	05/29/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>100,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
A	<b>Directors &amp; Officers</b>			CAU510886-4	05/29/2023	05/29/2024	\$ <b>2,000,000</b>

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

**Residential Condominium Association- 4 bldgs/23 units**  
**Management company is an additional insured.**  
**Separation of insured included.**

**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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## Information regarding Westchester Square Condominium Association's Insurance Coverage:

The association's insurance policy provides property coverage for your condo unit (structure). \*Your unit is covered based on original unit plans. Example: fixtures, cabinets, floor and appliances would be replaced with new items of like kind and quality to those *originally* installed. Any **upgrades/betterments/improvements** are **COVERED** by the association's policy, and this includes upgraded carpeting, wall and floor coverings, cabinets and other permanently installed fixtures.

\*The property insurance policy is written under "Special Form" coverage. Perils insured include fire, lightning, windstorm, hail, explosion, riot, aircraft and vehicle damage, smoke, vandalism, falling objects, weight of ice, snow or sleet, collapse, sudden water escape from plumbing and frozen pipes.

\*No coverage is provided for wear and tear, deterioration, settling or cracking of foundation, walls, basements or roofs. These events are classified as maintenance issues. In order to have coverage for resulting water damage from a roof leak, there would need to have been damage to the building from a covered peril, such as windstorm damage to the roof which caused resulting water damage to the inside. Water damage resulting from seepage of surface waters is excluded from the master policy.

## Information Regarding Unit Owner's Insurance:

The association's master insurance policy will not respond with coverage until the damage exceeds the property deductible. Each unit owner is responsible for this deductible. Each owner should purchase an HO-6 Condominium Owner's policy. This type of policy will provide insurance coverage which will complement the association's master policy.

## Recommended coverages for your HO6 policy:

### The Association's Master Insurance Property Deductibles:

\$5,000 per occurrence AOP (all other perils: wind/hail, fire, theft, lightning)

\$25,000 per unit water (Water Damage, Sewer Backup, Sprinkler Leakage, Ice Damming)

- **Real Property:** any improvements or betterments~ upgrades made to your home after the original sale.
- **Personal Property:** for your contents and personal belongings
- **Loss Assessment:** protecting you in the event a special assessment is imposed by the association because the master policy limits were exceeded
- **Loss of Use:** in the event that you need to live elsewhere when a covered loss renders your unit uninhabitable
- **Personal Liability Protection:** liability protection for you personally against claims from third parties alleging bodily injury or property damage.

Renters and Investor Owners also need to purchase insurance coverage. Both need to protect their liability exposure and need coverage for loss to personally owned property. Renters should carry a HO4 policy; Investors should carry a Dwelling/Fire policy. Non occupied units should have adequate insurance coverage while your unit is vacant.

**FOR CERTIFICATES OF INSURANCE REACH OUT TO [coi@dreher.insure](mailto:coi@dreher.insure)**

