



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/09/2024

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.

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: 00007228	
	INSURED Westchester Square Condominium Association, Inc. c/o Carter Communities, Inc. 711 Cedar Creek Way Woodstock, GA 30189	INSURER(S) AFFORDING COVERAGE INSURER A : American Alternative Insurance Corp. NAIC # 19720 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

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

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
238 15th St NE Unit 11 Laura Broyles & Jason Stein
Atlanta GA 30309

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 CAUSES OF LOSS DEDUCTIBLES BASIC BUILDING \$5,000 BROAD CONTENTS <input checked="" type="checkbox"/> SPECIAL <input checked="" type="checkbox"/> EARTHQUAKE 5% <input checked="" type="checkbox"/> WIND 2% FLOOD <input checked="" type="checkbox"/> Water \$25,000/Unit	CAU510886-5	05/29/2024	05/29/2025	<input checked="" type="checkbox"/> BUILDING \$GRC PERSONAL PROPERTY \$ BUSINESS INCOME \$ EXTRA EXPENSE \$ RENTAL VALUE \$ BLANKET BUILDING \$ BLANKET PERS PROP \$ BLANKET BLDG & PP \$ <input checked="" type="checkbox"/> Earthquake \$11,144,700	
	<input type="checkbox"/> INLAND MARINE CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS	TYPE OF POLICY POLICY NUMBER				\$ \$ \$ \$
A	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY Crime/Fidelity	CAU510886-5	05/29/2024	05/29/2025	<input checked="" type="checkbox"/> \$150,000 <input type="checkbox"/> \$	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	CAU510886-5	05/29/2024	05/29/2025	<input checked="" type="checkbox"/> \$Included <input type="checkbox"/> \$	
A	Law/Ordinance	CAU510886-5	05/29/2024	05/29/2025	<input type="checkbox"/> A <input checked="" type="checkbox"/> B&C	\$GRC \$1,130,000 each

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Residential Condominium Association- 4 bldgs/23 units
Property coverage is walls-in back to original built specifications.
All Unit owners' betterments and improvements are COVERED..
Guaranteed Replacement Cost, RATABLE LIMIT \$10,708,250
The management company is an additional insured on the crime coverage.
30-day notice of cancelation, 10-day notice of cancelation for non-payment

CERTIFICATE HOLDER Select Portfolio Servicing, Inc. ISAOA PO Box 7277 Springfield, OH 45501-7277 Loan #0030934343	CANCELLATION 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 RSP
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/10/2024

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 lieu of such endorsement(s).

PRODUCER Dreher Insurance 1805 Herrington Rd, Bdg 1 Ste C Lawrenceville, GA 30043	CONTACT NAME: Fred Rimando+ PHONE (A/C, No, Ext): (678)205-0224 E-MAIL ADDRESS: coi@dreher.insure	FAX (A/C, No): (678)497-0810
	INSURER(S) AFFORDING COVERAGE	
INSURED Westchester Square Condominium Association, Inc. c/o Carter Communities, Inc. 711 Cedar Creek Way Woodstock, GA 30189	INSURER A: American Alternative Insurance Corp.	19720
	INSURER B: Greenwich Insurance Company	22322
	INSURER C: Pennsylvania Manufacturers Association Insurance	12262
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 00007228-282318

REVISION NUMBER: 21

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:			CAU510886-5	05/29/2024	05/29/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <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			CAU510886-5	05/29/2024	05/29/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 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 \$			PPP7445500-16	05/29/2024	05/29/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	2024011162650Y	05/29/2024	05/29/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Directors & Officers			CAU510886-5	05/29/2024	05/29/2025	\$ 2,000,000

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 Condo Assn. Master Insurance Coverage:

The association's insurance policy provides property coverage for your condo/townhome/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. 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 Townhome/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 AOP and \$25,000 per unit water

- **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 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.
- **Sewer/Water Backup Coverage**

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.

If you need any additional assistance, please give Dreher Insurance at 678.205.0224

To request evidence of insurance email: COI@dreher.insure

