

## ERTIFICATE OF LIABILITY INSURANCE

SETCHISON

DATE (MM/DD/YYYY)	
E /4 /2024	

HALCVIL-01

	CERTIFICATE OF LIABILITY INSURANCE 5/								5/1/2024						
C B	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.														
lf	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).														
PRO									CONTA NAME:						
Bouvier Insurance 123 Church St, Ste 285 Marietta, GA 30060-8606									NAME:         FAX           PHONE         (A/C, No, Ext):         (860) 232-4491         FAX           CHAIL         CA/C, No):         (860) 232-6637         E-MAIL           CE-MAIL         COI_Southeast@Binsurance.com         COI_Southeast@Binsurance.com						
									ADDRESS: OOL_OOUTING COVERAGE						NAIC #
								-	INCLIDE		an Alternat				19720
INSU	RED										e Indemnity				27138
		Halcyon	Villa	age	Homeowner	rs As	socia	ation Inc			s machinity	Company			27100
		c/o CMA						F							
		1465 Nor Atlanta, (			Dr NW, Suite	e 128		F	INSURE						
		Atlanta, V	GA 3	5031	0			F	INSURE						
		4.050			050	TIEL	- A T	I	INSURE	KF:					
		AGES	/		-		-	ENUMBER:				REVISION NUM			
IN C	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 I				ADDL	SUBR WVD			POLICY FFF	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	Х	COMMERCIAL G				INSD	WVD					EACH OCCURRENCE		\$	1,000,000
		CLAIMS-MAI	de [	Χ	OCCUR			CAU530765-1		5/1/2024	5/1/2025	DAMAGE TO RENTEL PREMISES (Ea occurr	- D	\$	1,000,000
			L							0/1/2021	0, 1,2020			э \$	5,000
									MED EXP (Any one pe			1,000,000			
										PERSONAL & ADV IN		\$	,,		
												GENERAL AGGREGA		\$	1,000,000
POLICY     JECT     LOC       X     OTHER:     Gen Agg Does Not Apply												PRODUCTS - COMP/	OP AGG	\$	-,,
Δ												COMBINED SINGLE L	IMIT	\$	1,000,000
								CAU530765-1	E/-	5/1/2024	5/1/2025	(Ea accident)		\$	1,000,000
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS				CA0530765-1		5/1/2024	5/1/2025	BODILY INJURY (Per		\$				
	X	AUTOS ONLY HIRED AUTOS ONLY	x		TOS N-OWNED TOS ONLY							BODILY INJURY (Per PROPERTY DAMAGE (Per accident)	accident)	\$ \$	
_			L,	L_										\$	<b>P</b> 000 000
В	Х	UMBRELLA LIAB	Ļ	Х	OCCUR							EACH OCCURRENCE		\$	5,000,000
		EXCESS LIAB CLAIMS-MAD		CLAIMS-MADE	_		PRP-229824000-00-2750882		5/1/2024	5/1/2025	AGGREGATE		\$	5,000,000	
	DED RETENTION \$										\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					N / A						PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?												E.L. EACH ACCIDENT	Г	\$	
												E.L. DISEASE - EA EN	<b>IPLOYEE</b>	\$	
					below							E.L. DISEASE - POLIC	CY LIMIT	\$	
A Directors & Officers								CAU530765-1		5/1/2024	5/1/2025				1,000,000
A Property								CAU530765-1		5/1/2024	5/1/2025	5 Bldgs/33 units	5		16,400,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)														
See attached page for additional coverage detail.															
1															

CERTIFICATE HOLDER	CANCELLATION						
Halcyon Village Homeowners Association, Inc. c/o Community Management Associates 1465 Northside Dr NW, Ste 128	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Atlanta, GA 30318	AUTHORIZED REPRESENTATIVE						
	ZA O.						

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AGENCY CUSTOMER ID: HALCVIL-01

LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

AGENCY
Bouvier Insurance
POLICY NUMBER
SEE PAGE 1
CARRIER
SEE PAGE 1
ADDITIONAL REMARKS
AGENCY
AGENCY
NAMED INSURED
Halcyon Village Homeowners Association, Inc.
C/O CMA
Halcyon Village Homeow

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: \_ACORD 25 FORM TITLE: Certificate of Liability Insurance\_

Additional Coverage Detail

-Employee Dishonesty of \$150,000 limit and Property Manager Fidelity included.

-Coverage is written on a Special Form, Guaranteed Replacement Cost basis.

-Property coverage is subject to the following deductible: \$25,000 per occurrence - Special Property Deductibles: \$25,000 per unit for Sprinkler Leakage, \$25,000 per unit for Water back-up, \$25,000 per unit for water

damage, \$25,000 per unit for ice dammed water.

-Coverage is provided for the exterior and interior finished flooring, walls, ceilings and permanently attached fixtures for full replacement back to original specifications. This coverage does not apply to any commercial unit within the building.

-Equipment Breakdown is included.

-Ordinance & Law is included.

-Wind/Hail is included.

-Separation of insureds is included.

-Cancellation notice is 10 days for non-payment of premium.

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