



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

09/17/2026

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

|                                                                                                                                               |  |                                         |  |                                                                  |  |                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|------------------------------------------------------------------|--|----------------------------------------------------------------|--|
| PRODUCER NAME, CONTACT PERSON AND ADDRESS<br><b>State Farm</b> Aaron Franklin State Farm<br>7610 Lee Highway Ste 101<br>Chattanooga, TN 37421 |  | PHONE (A/C, No, Ext):                   |  | COMPANY NAME AND ADDRESS<br>State Farm Fire and Casualty Company |  | NAIC NO: 25143                                                 |  |
| FAX (A/C, No): 423-894-4365                                                                                                                   |  | E-MAIL ADDRESS: aaron@aaronfranklin.com |  | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH           |  |                                                                |  |
| CODE: 11-9D6A                                                                                                                                 |  | SUB CODE:                               |  | POLICY TYPE<br>Residential Community Association                 |  |                                                                |  |
| AGENCY CUSTOMER ID #:                                                                                                                         |  |                                         |  | LOAN NUMBER                                                      |  | POLICY NUMBER<br>91-GZ-V093-6                                  |  |
| NAMED INSURED AND ADDRESS<br>CEDAR CREEK CONDOMINIUM OWNERS ASSOCIATION INC<br>1601 CEDAR CREEK DR<br>ROSSVILLE, GA 307415829                 |  |                                         |  | EFFECTIVE DATE<br>09/17/2026                                     |  | EXPIRATION DATE<br>09/17/2027                                  |  |
| ADDITIONAL NAMED INSURED(S)                                                                                                                   |  |                                         |  |                                                                  |  | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |  |
|                                                                                                                                               |  |                                         |  | THIS REPLACES PRIOR EVIDENCE DATED:                              |  |                                                                |  |

**PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION

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 EVIDENCE OF PROPERTY INSURANCE 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.

**COVERAGE INFORMATION**

PERILS INSURED

BASIC

BROAD

SPECIAL

☒

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 14,190,200

DED: 10,000

|                                                                                                            |                                     |                                     |                                     |                                                                                           |
|------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE                             | YES                                 | NO                                  | N/A                                 |                                                                                           |
| BLANKET COVERAGE                                                                                           | <input checked="" type="checkbox"/> |                                     |                                     | If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12 |
| TERRORISM COVERAGE                                                                                         | <input checked="" type="checkbox"/> |                                     |                                     | If YES, indicate value(s) reported on property identified above: \$                       |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION?                                                                   |                                     | <input checked="" type="checkbox"/> |                                     | Attach Disclosure Notice / DEC                                                            |
| IS DOMESTIC TERRORISM EXCLUDED?                                                                            |                                     | <input checked="" type="checkbox"/> |                                     |                                                                                           |
| LIMITED FUNGUS COVERAGE                                                                                    |                                     | <input checked="" type="checkbox"/> |                                     | If YES, LIMIT: DED:                                                                       |
| FUNGUS EXCLUSION (If "YES", specify organization's form used)                                              | <input checked="" type="checkbox"/> |                                     |                                     |                                                                                           |
| REPLACEMENT COST                                                                                           | <input checked="" type="checkbox"/> |                                     |                                     |                                                                                           |
| AGREED VALUE                                                                                               |                                     | <input checked="" type="checkbox"/> |                                     |                                                                                           |
| COINSURANCE                                                                                                |                                     |                                     | <input checked="" type="checkbox"/> | If YES, %                                                                                 |
| EQUIPMENT BREAKDOWN (If Applicable)                                                                        | <input checked="" type="checkbox"/> |                                     |                                     | If YES, LIMIT: 14,190,200 DED: 2500                                                       |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg                                          | <input checked="" type="checkbox"/> |                                     |                                     | If YES, LIMIT: 14,190,200 DED: 10,000                                                     |
| - Demolition Costs                                                                                         | <input checked="" type="checkbox"/> |                                     |                                     | If YES, LIMIT: 14,190,200 DED: 10,000                                                     |
| - Incr. Cost of Construction                                                                               | <input checked="" type="checkbox"/> |                                     |                                     | If YES, LIMIT: 14,190,200 DED: 10,000                                                     |
| EARTH MOVEMENT (If Applicable)                                                                             |                                     | <input checked="" type="checkbox"/> |                                     | If YES, LIMIT: DED:                                                                       |
| FLOOD (If Applicable)                                                                                      |                                     | <input checked="" type="checkbox"/> |                                     | If YES, LIMIT: DED:                                                                       |
| WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: | <input checked="" type="checkbox"/> |                                     |                                     | If YES, LIMIT: DED:                                                                       |
| NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: | <input checked="" type="checkbox"/> |                                     |                                     | If YES, LIMIT: DED:                                                                       |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS                                  |                                     |                                     | <input checked="" type="checkbox"/> |                                                                                           |

**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.

**ADDITIONAL INTEREST**

|                  |                       |            |                                                                                                                                                 |
|------------------|-----------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT OF SALE | LENDER'S LOSS PAYABLE | LOSS PAYEE | LENDER SERVICING AGENT NAME AND ADDRESS                                                                                                         |
| MORTGAGEE        |                       |            |                                                                                                                                                 |
| NAME AND ADDRESS |                       |            | AUTHORIZED REPRESENTATIVE<br>Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent. |

© 2003-2015 ACORD CORPORATION. All rights reserved.