



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/09/2024

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 StateFarm Aaron Franklin State Farm 7610 Lee Hwy Ste 101 Chattanooga, TN 37421		PHONE (A/C, No, Ext): 423-894-2481	COMPANY NAME AND ADDRESS 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 Residential Community Association	
AGENCY CUSTOMER ID #:		LOAN NUMBER	POLICY NUMBER 91-GZ-V093-6	
NAMED INSURED AND ADDRESS Cedar Creek Condominium Owners Association Inc. 1601 Cedar Creek Dr Rossville, GA 307415829		EFFECTIVE DATE 09/17/2024	EXPIRATION DATE 09/17/2025	CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		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: \$ 13,271,200

DED: 10,000

☐ BUSINESS INCOME ☐ RENTAL VALUE	YES	NO	N/A	If YES, LIMIT:	☒ Actual Loss Sustained; # of months: 12
BLANKET COVERAGE	☒			If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE	☒			Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		☒			
IS DOMESTIC TERRORISM EXCLUDED?		☒			
LIMITED FUNGUS COVERAGE		☒		If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	☒			CMP 4100	
REPLACEMENT COST	☒				
AGREED VALUE		☒			
COINSURANCE			☒	If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	☒			If YES, LIMIT: 13,271,200	DED: 2500
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	☒			If YES, LIMIT: 13,271,200	DED: 10,000
- Demolition Costs	☒			If YES, LIMIT: 1,327,120	DED: 10,000
- Incr. Cost of Construction	☒			If YES, LIMIT: 1,327,120	DED: 10,000
EARTH MOVEMENT (If Applicable)		☒		If YES, LIMIT:	DED:
FLOOD (If Applicable)		☒		If YES, LIMIT:	DED:
WIND / HAIL INCL ☒ YES ☐ NO Subject to Different Provisions:	☒			If YES, LIMIT:	DED:
NAMED STORM INCL ☐ YES ☐ NO Subject to Different Provisions:	☒			If YES, LIMIT:	DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			☒		

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

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