

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/09/2024

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.

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						CONTACT Amy Colomboy					
Insight Risk Management					PHONE (001) 278, 5375 FAX						
7200 Goodlett Farms Parkway						E-MAIL acclembay@irmlla.com					
,						ADDRESS: ,					
Cordova TN 38016						INSURER(S) AFFORDING COVERAGE INSURER A . ACUITY				14184	
INSURED					INCORLINA.					14104	
Hobbit's Glen Condominium Association, Inc.					INSURER B:						
c/o Faith Management & Realty Group, LLC					INSURER C:						
9030 S. Corporate Edge Dr., Suite 205					INSURER D:						
Germantown TN 38138					INSURER E :						
				01 0 100 110 11	INSURER F:						
_				TO MBEIT.		TO THE INCHE		REVISION NUMBER:	IOD		
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,											
	CCLUSIONS AND CONDITIONS OF SUCH PC	I REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP									
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	Ψ	0,000	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	_{\$} 100,		
								MED EXP (Any one person)	\$ 5,00		
Α				ZD3288	ļ	06/28/2024	06/28/2025	PERSONAL & ADV INJURY	9	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	✓ UMBRELLA LIAB ✓ OCCUR							EACH OCCURRENCE	\$ 1,00	0,000	
Α	EXCESS LIAB CLAIMS-MADE		ZD3288			06/28/2024	06/28/2025	AGGREGATE	\$ 1,00	0,000	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
								Building	19,8	57,552	
Α	Property, Special form, Replacement cost			ZD3288		06/28/2024	06/28/2025	Occurrence/Aggregate	2,00	0,000	
	•										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
The	property deductible is \$25,000 for All Other	Perils	exce	pt Wind which has a 1% dedu	ıctible.	Earthquake cov	verage is inclu	ded with a 10% deductible.			
The property coverage is Special Form, Replacement Cost, with an 80% co-insurance percentage. There are 93 units. Coverage is walls out only.											
Ordinance or Law is included. Equipment breakdown - \$21,310,720 limit and \$5,000 deductible under Travelers policy# BME1-8N393985-TIL-24 effective 6/28/24 - 6/28/25.											
Crin	ne/Fidelity/Theft - \$100,000 limit and \$1,000										
man	management company is an additional insured.										
CERTIFICATE HOLDER						CANCELLATION					
CERTIFICATE HOLDER						CANCELLATION					
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	ICELLEI	BEFORE	
						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
For Information Purposes Only					ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHORIZED REPRESENTATIVE						

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