

DATE (MM/DD/YYYY) 09/11/2020

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.

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER			CONTACT Caroline Villalta						
Risk & Insurance Consultants, Inc			PHONE (A/C, No, Ext): (404) 459-5975 FAX (A/C, No):	(404) 459-5976					
An ISU Network Member			E-MAIL ADDRESS: cwindham@riskinsuranceco.com						
5416 Glenridge Drive			INSURER(S) AFFORDING COVERAGE	NAIC#					
Atlanta	GA	30342	INSURER A: Travelers Casualty Insurance Company of America	19046					
INSURED			INSURER B: Travelers Property Casualty Company of America	25674					
Atlanta Loves Christma	as Lights		INSURER C: American Interstate Insurance Company	31895					
11770 Haynes Bridge	Rd		INSURER D:						
Ste 205-326			INSURER E :						
Alpharetta	GA	30009	INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	CL2091120851	1 REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLI	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 AN	NY REQUIREMENT, TERM OR CONI	CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T	∃IS						
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.									

ADDL SUBR INSD WVD POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS **COMMERCIAL GENERAL LIABILITY** 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED 300,000 CLAIMS-MADE | CCCUR PREMISES (Ea occurrence) 5,000 MED EXP (Any one person) 6809H975969 10/26/2020 10/26/2021 Α 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 N POLICY LOC PRODUCTS - COMP/OP AGG \$ \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 \$ ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED BA6N917163 10/26/2020 10/26/2021 BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ AUTOS ONLY AUTOS ONLY \$ UMBRELLA LIAB 1,000,000 OCCUR EACH OCCURRENCE В **EXCESS LIAB** CUP0K739485 10/26/2020 10/26/2021 1,000,000 CLAIMS-MADE AGGREGATE 5,000 DED RETENTION \$ \$ WORKERS COMPENSATION X STATUTE AND EMPLOYERS' LIABILITY 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT AVWCGA2841522020 10/26/2021 Υ N/A 10/26/2020 OFFICER/MEMBER EXCLUDED? 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Proof of Coverage	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
	Lallatia



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u	ils certificate does not comer rights to	tile (CI UII	cate floider in fled of such		. ,					
PRO	DUCER				CONTACT Caroline Villalta						
Ris	« & Insurance Consultants, Inc				PHONE (A/C, No, Ext): (404) 459-5975 FAX (A/C, No): (404) 459-5976						
An ICLI Notwork Mambar				E-MAIL cwindham@riskinsuranceco.com							
541	6 Glenridge Drive								NAIC #		
Atla	· ·			GA 30342	INSURE	Tuescalens		urance Company	of America		19046
INSL				<u> </u>		T		ualty Company o			25674
""	Atlanta Loves Christmas Lights				INSURE	A		surance Company			31895
	· ·				INSURE	RC: America	Tillerstate ilis	diance Company	у		31093
	11770 Haynes Bridge Rd				INSURE	RD:					
	Ste 205-326				INSURE	RE:					
	Alpharetta			GA 30009	INSURE	RF:					
				NUMBER: CL209112085				REVISION NUM			
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUING THE MAY BE ISSUED OR MAY PERTANCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T	NT, TE	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLIC	ACT OR OTHER IES DESCRIBEI	R DOCUMENT \ D HEREIN IS S	WITH RESPECT T	TO WHICH T	HIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	INSD	WVD			(WINE DEFITTION	(MIM/DD/1111)	EACH OCCURREN			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO REN' PREMISES (Ea occ	TED	-	,000
	SEALING INVEST.							MED EXP (Any one	, and the second	\$ 5,00	00
A				6809H975969		10/26/2020	10/26/2021	PERSONAL & ADV		-	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:									Ψ	00,000
	PRO-							GENERAL AGGRE		2.00	00,000
	1 0 2.0 1 JECT 200							PRODUCTS - COM	/IP/OP AGG	\$ 2,00	
-	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$ 1,00	0000
								(Ea accident) BODILY INJURY (P		\$ 1,00	10,000
١,	ANY AUTO OWNED SCHEDULED			DACN047462		10/26/2020	10/26/2021	,			
A	AUTOS ONLY AUTOS HIRED NON-OWNED			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (P		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	iGL	\$	
										\$	
	✓ UMBRELLA LIAB ✓ OCCUR							EACH OCCURREN	√CE	\$ 1,00	00,000
В	EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	20 10/26/2021	AGGREGATE		\$ 1,00	00,000	
	DED RETENTION \$ 5,000									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							➤ PER STATUTE	OTH- ER		
c	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		AVWCGA2841522020		10/26/2020	10/26/2021	E.L. EACH ACCIDE	ENT	\$ 1,00	00,000
ľ	OFFICER/MEMBER EXCLUDED?	N/A		AVVVOOA2041322020		10/20/2020	10/20/2021	E.L. DISEASE - EA	EMPLOYEE	\$ 1,00	00,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	\$ 1,00	00,000
										ĺ	
										ĺ	
DES	I CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)	1			
l	wn Solinko is a scheduled driver on the auto				-						
			,								
CEI	RTIFICATE HOLDER				CANC	ELLATION					
					6110		THE ABOVE DE	SCOIDED DOLLO	HEC DE CAN	ירבו י בי	D BEEODE
								SCRIBED POLIC F, NOTICE WILL E) BEFUKE
	Proof of insurance							Y PROVISIONS.			
					AUTHO	RIZED REPRESEN	NTATIVE				



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PRODUCER		CONTACT Caroline Villalta						
Risk & Insurance Consultants, Inc		(A/C, No, Ext): (404) 459-5975	FAX (A/C, No): (404) 4	59-5976				
An ISU Network Member		E-MAIL address: cwindham@riskinsuranceco.com						
5416 Glenridge Drive		INSURER(S) AFFORDING COVERAGE		NAIC #				
Atlanta	GA 30342	INSURER A: Travelers Casualty Insurance Company of	f America	19046				
INSURED		INSURER B: Travelers Property Casualty Company of A	America	25674				
Atlanta Loves Christmas Lights		INSURER C: American Interstate Insurance Company		31895				
11770 Haynes Bridge Rd		INSURER D:						
Ste 205-326		INSURER E :						
Alpharetta	GA 30009	INSURER F:						
CERTIFICATE AUMADED. CL 2001120851								

COVERAGES CERTIFICATE NUMBER: CL2091120851 REVISION NUMBER:

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LTR	TYPE OF INSURANCE	INSD WVI	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000 \$ 5,000
A	GEN'L AGGREGATE LIMIT APPLIES PER:		6809H975969	969 10/26/2020		,	\$ 1,000,000 \$ 2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						9	\$
	✓ UMBRELLA LIAB ✓ OCCUR					EACH OCCURRENCE \$	1,000,000
В	EXCESS LIAB CLAIMS-MADE		CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	➤ DED RETENTION \$ 5,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH-	
C	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	1,000,000
ľ	(Mandatory in NH)	N/A	AVVCGA2041322020	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	1,000,000
I DEG	CDIDTION OF OBEDIATIONS / LOCATIONS / VEHICLE	e (ACODD	404 Additional Demonto Calcadula manula a	ttoobad if mara a			

CERTIFICATE HOLDER CANCELLATION

20th Century Fox "Stuber" 5801 Peachtree Rd		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5601 Peachtree Ru		AUTHORIZED REPRESENTATIVE
Suite 3		
Atlanta	GA 30341	La Maria



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this definitions does not define in fights to the definitions from the different characteristic (5).								
PRODUCER		CONTACT NAME: Caroline Villalta						
Risk & Insurance Consultants, Inc		(A/C, NO, EXT): (A/C, NO).	59-5976					
An ISU Network Member		E-MAIL cwindham@riskinsuranceco.com						
5416 Glenridge Drive		INSURER(S) AFFORDING COVERAGE	NAIC #					
Atlanta	GA 30342	INSURER A: Travelers Casualty Insurance Company of America	19046					
INSURED		INSURER B: Travelers Property Casualty Company of America	25674					
Atlanta Loves Christmas Ligh	its	INSURER C: American Interstate Insurance Company	31895					
11770 Haynes Bridge Rd		INSURER D:						
Ste 205-326		INSURER E :						
Alpharetta	GA 30009	INSURER F:						
COVERAGES	EDTIFICATE NUMBER: CI 209112085	1 DEVISION NUMBED:						

COVERAGES CERTIFICATE NUMBER: CL2091120851 REVISION NUMBER:

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LTR	TYPE OF INSURANCE	INSD WVI	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000 \$ 5,000
A	GEN'L AGGREGATE LIMIT APPLIES PER:		6809H975969	969 10/26/2020		,	\$ 1,000,000 \$ 2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						9	\$
	✓ UMBRELLA LIAB ✓ OCCUR					EACH OCCURRENCE \$	1,000,000
В	EXCESS LIAB CLAIMS-MADE		CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	➤ DED RETENTION \$ 5,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH-	
C	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	1,000,000
ľ	(Mandatory in NH)	N/A	AVVCGA2041322020	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	1,000,000
I DEG	CDIDTION OF OBEDIATIONS / LOCATIONS / VEHICLE	e (ACODD	404 Additional Demonto Calcadula manula a	ttoobad if mara a			

CERTIFICATE HOLDER CANCELLATION

Access Management Group 1100 Northmeadow Pkwy		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1100 Northineadow Fkwy		AUTHORIZED REPRESENTATIVE
Suite 114		
Roswell	GA 30076	La Maria



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PRODUCER			CONTACT Carolin	ne Villalta		
Risk & Insurance Consultants, Inc			PHONE (404) 459-5975	FAX (A/C, No):	404) 459-5976
An ISU Network Member			E-MAIL cwindh	am@riskinsuranceco.com		
5416 Glenridge Drive				INSURER(S) AFFORDING COVER	RAGE	NAIC #
Atlanta	GA	30342	INSURER A: Trave	lers Casualty Insurance Com	npany of America	19046
INSURED			INSURER B: Trave	lers Property Casualty Comp	oany of America	25674
Atlanta Loves Christma	s Lights		INSURER C : Ameri	ican Interstate Insurance Cor	mpany	31895
11770 Haynes Bridge R	d		INSURER D :			
Ste 205-326			INSURER E :			
Alpharetta	GA	30009	INSURER F:			
COVERAGES	CERTIFICATE NUMBER:	CL209112085	1	REVISION	I NUMBER:	

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α					6809H975969	10/26/2020	10/26/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	×	ANY AUTO			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	×	UMBRELLA LIAB COCCUR						EACH OCCURRENCE	\$ 1,000,000
В		EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	\times	DED RETENTION \$ 5,000							\$
	_	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
l c	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
ľ	(Mar	datory in NH)	117.7		7.V V O O 7.2041022020	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01. Additional Remarks Schedule, may be a	ttached if more si	nace is required)	ı	

CERTIFICATI	E HOLDER		CANCELLATION
	Angie Bendiks 33 South Main St		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
33 South Main St			AUTHORIZED REPRESENTATIVE
	Alpharetta	GA 30009	La Maria



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PRODUCER		CONTACT Caroline Villalta		
Risk & Insurance Consultants, Inc		PHONE (A/C, No, Ext): (404) 459-5975	FAX (A/C, No): (404) 459	9-5976
An ISU Network Member		E-MAIL cwindham@riskinsuranceco.com		
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Atlanta	GA 30342	INSURER A: Travelers Casualty Insurance Company of	of America	19046
INSURED		INSURER B: Travelers Property Casualty Company of	America	25674
Atlanta Loves Christmas Lights		INSURER C: American Interstate Insurance Company		31895
11770 Haynes Bridge Rd		INSURER D:		
Ste 205-326		INSURER E :		
Alpharetta	GA 30009	INSURER F:		
OOVER A OFO	CL 200112095	1 DEVICION NUM	DED	

COVERAGES CERTIFICATE NUMBER: CL2091120851 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α					6809H975969	10/26/2020	10/26/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
В		EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	×	DED RETENTION \$ 5,000							\$
	-	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
С	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	datory in NH)	,,,		7.0.1.0.07.120.1.022.020	. 0/20/2020	. 0, 20, 202 .	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Ashley Park Property Owner; Apollo Global Management; Bayer Properties, LLC; and German American Capital Corporation as Additional Insureds as per written contract.

CERTIFICATE	: HOLDER	_	CANCELLATION
	Ashley Park Property Owner c/o Bayer Proper 2222 Arlington Ave.	ties, LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	ZZZZ / Willigton / We.		AUTHORIZED REPRESENTATIVE
1	Birmingham	AL 35205	La flate a



DATE (MM/DD/YYYY) 09/11/2020

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tino oci tinotici doco not conici rigilio	to the ocitinoate holder in hea or saon	chaorsement(s).				
PRODUCER		CONTACT NAME: Caroline Villalta				
Risk & Insurance Consultants, Inc		(A/C, NO, EXT): (A/C, NO).	59-5976			
An ISU Network Member		E-MAIL ADDRESS: cwindham@riskinsuranceco.com				
5416 Glenridge Drive		INSURER(S) AFFORDING COVERAGE	NAIC #			
Atlanta	GA 30342	INSURER A: Travelers Casualty Insurance Company of America	19046			
INSURED		INSURER B: Travelers Property Casualty Company of America	25674			
Atlanta Loves Christmas Ligh	its	INSURER C: American Interstate Insurance Company	31895			
11770 Haynes Bridge Rd		INSURER D:				
Ste 205-326		INSURER E :				
Alpharetta	GA 30009	INSURER F:				
COVERAGES	EDTIFICATE NUMBER: CI 209112085	1 DEVISION NUMBED:				

COVERAGES CERTIFICATE NUMBER: CL2091120851 REVISION NUMBER:

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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	·s
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 300,000
		CLAIMS-MADE OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,000
Α			Υ		6809H975969	10/26/2020	10/26/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	×	ANY AUTO			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	×	UMBRELLA LIAB CCCUR						EACH OCCURRENCE	\$ 1,000,000
В		EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	×	DED RETENTION \$ 5,000							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY Y/N						PER OTH-	
lс	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	(Mandatory in NH)			7.0.1.0.07.201.022020	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
			İ						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Ashley Park Property Owner LLC; Apollo Global Management; and Bayer Properties, L.L.C.: German American Capital Corporation is considered Additional Insured, with respect to General Liability, as required by written contract.

CERTIFICATE	E HOLDER		CANCELLATION
	Ashley Park Property Owner, LLC c/o Bayer Proper	rties, L.L.C	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	2222 Annigon Avenue		AUTHORIZED REPRESENTATIVE
	Birmingham	AL 35205	ballatia



DATE (MM/DD/YYYY) 09/11/2020

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tino oci tinotici doco not conici rigilio	to the ocitinoate holder in hea or saon	chaorsement(s).				
PRODUCER		CONTACT NAME: Caroline Villalta				
Risk & Insurance Consultants, Inc		(A/C, NO, EXT): (A/C, NO).	59-5976			
An ISU Network Member		E-MAIL ADDRESS: cwindham@riskinsuranceco.com				
5416 Glenridge Drive		INSURER(S) AFFORDING COVERAGE	NAIC #			
Atlanta	GA 30342	INSURER A: Travelers Casualty Insurance Company of America	19046			
INSURED		INSURER B: Travelers Property Casualty Company of America	25674			
Atlanta Loves Christmas Ligh	its	INSURER C: American Interstate Insurance Company	31895			
11770 Haynes Bridge Rd		INSURER D:				
Ste 205-326		INSURER E :				
Alpharetta	GA 30009	INSURER F:				
COVERAGES	EDTIFICATE NUMBER: CI 209112085	1 DEVISION NUMBED:				

COVERAGES CERTIFICATE NUMBER: CL2091120851 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α					6809H975969	10/26/2020	10/26/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	'LAGGRE <u>GATE</u> LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	×	ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	×	UMBRELLA LIAB COCCUR						EACH OCCURRENCE	\$ 1,000,000
В		EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	\times	DED RETENTION \$ 5,000							\$
	-	KERS COMPENSATION EMPLOYERS' LIABILITY						➤ PER OTH-ER	
l c	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
ľ	(Man	datory in NH)	", "		7.0007.2011022020	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
l									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATI	E HOLDER		CANCELLATION
	Atlanta Loves Christmas Lights, LLC dba Simply L	it	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	11770 Hayries Bridge Nd		AUTHORIZED REPRESENTATIVE
	Ste 205-326		
	Alpharetta	GA 30009	La Mala



DATE (MM/DD/YYYY) 09/11/2020

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this certificate does not confer rights to the certificate holder in fleu of such endorsement(s).								
PRODUCER		CONTACT Caroline Villalta						
Risk & Insurance Consultants, Inc		PHONE (A/C, No, Ext): (404) 459-5975 FAX (A/C, No): (404)	459-5976					
An ISU Network Member		E-MAIL ADDRESS: cwindham@riskinsuranceco.com						
5416 Glenridge Drive		INSURER(S) AFFORDING COVERAGE	NAIC #					
Atlanta	GA 30342	INSURER A: Travelers Casualty Insurance Company of America	19046					
INSURED		INSURER B: Travelers Property Casualty Company of America	25674					
Atlanta Loves Christmas Lights		INSURER C: American Interstate Insurance Company	31895					
11770 Haynes Bridge Rd		INSURER D:						
Ste 205-326		INSURER E :						
Alpharetta	GA 30009	INSURER F:						
COVERAGES CERTIFICATE	NUMBER - CL 200112086	51 DEVICION NUMBER.						

COVERAGES CERTIFICATE NUMBER: CL2091120851 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	·s
	×	COMMERCIAL GENERAL LIABILITY	III OD			(,	(11111)	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α					6809H975969	10/26/2020	10/26/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	×	ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$
	×	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 1,000,000
В		EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	×	DED RETENTION \$ 5,000							\$
	_	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH-	
l c	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	datory in NH)	,,		7.0.1.0.07.201.022020	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Property Address: 5230 & 5250 Windward Pkwy Alpharetta, GA 30004

CERTIFICATE HOLDER		CANCELLATION
Balch Alpharetta, LLC 615 Hawk Hill Trail		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
010 Hawki IIII Haii		AUTHORIZED REPRESENTATIVE
Palm Desert	CA 92211	La Malia



DATE (MM/DD/YYYY) 09/11/2020

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this certifica	this certificate does not confer rights to the certificate holder in fied of such endorsement(s).									
PRODUCER				CONTACT Carolin	e Villalta					
Risk & Insurance	e Consultants, Inc			PHONE (404)	459-5975	FAX (A/C, No):	(404) 459-5976			
An ISU Network	Member			E-MAIL cwindh	am@riskinsuranceco.com					
5416 Glenridge	Drive				INSURER(S) AFFORDING COVERAGE		NAIC #			
Atlanta		GA	30342	INSURER A: Travel	ers Casualty Insurance Company	of America	19046			
INSURED				INSURER B: Travel	ers Property Casualty Company of	America	25674			
	Atlanta Loves Christmas Lights			INSURER C: Ameri	can Interstate Insurance Company		31895			
	11770 Haynes Bridge Rd			INSURER D :						
	Ste 205-326			INSURER E :						
	Alpharetta	GA	30009	INSURER F :						
COVERAGES	CERTI	ICATE NUMBER:	CL2091120851		REVISION NUM	IBER:				

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LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	×	CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α					6809H975969	10/26/2020	10/26/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'LAGGREGATE LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	×	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 1,000,000
В		EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	×	DED RETENTION \$ 5,000							\$
	_	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
C	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
`	(Mar	ndatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
l									
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule, may be a	ttached if more s	pace is required)		

CERTIFICATI	E HOLDER		CANCELLATION
	Balch Property Management, LLC 6 Santa Barbara Pl.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	o danta barbara 1 i.		AUTHORIZED REPRESENTATIVE
	Laguna Niguel	CA 92677	La Malia



DATE (MM/DD/YYYY) 09/11/2020

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tino oci tinoate aces not conici i	gints to the ocitinoate holder	ini nea or saon	Ciladisci	nont(s).			
PRODUCER			CONTACT NAME:	Caroline Villalta			
Risk & Insurance Consultants, Inc			PHONE (A/C, No, Ex	t): (404) 459-5975	FAX (A/C, No):	(404) 4	159-5976
An ISU Network Member			E-MAIL ADDRESS:	cwindham@riskinsuranceco.com			
5416 Glenridge Drive				INSURER(S) AFFORDING COVERAGE			NAIC #
Atlanta	GA	30342	INSURER A	: Travelers Casualty Insurance Company of	of America		19046
INSURED			INSURER B	: Travelers Property Casualty Company of	America		25674
Atlanta Loves Christma	s Lights		INSURER C	: American Interstate Insurance Company			31895
11770 Haynes Bridge F	td .		INSURER D	:			
Ste 205-326			INSURER E	:			
Alpharetta	GA	30009	INSURER F	:			
COVERAGES	CERTIFICATE NUMBER:	CL209112085	1	REVISION NUM	BFR.		

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	
А	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC			6809H975969	10/26/2020	10/26/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 300,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000
	POLICY JECT LOC OTHER:						PRODUCTS - COMP/OP AGG	\$
А	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			BA6N917163	10/26/2020	10/26/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
В	UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE DED RETENTION \$ 5,000			CUP0K739485	10/26/2020	10/26/2021	EACH OCCURRENCE AGGREGATE	\$ 1,000,000 \$ 1,000,000 \$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Paces Property Group d/b/a Vinings Jubilee and Krog Street Retail Center are additional insured in regards to General Liability where required by written contract.

CERTIFICATI	E HOLDER		CANCELLATION
	Christmas Creations Inc. PO Box 421141		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	1 0 BOX 421141		AUTHORIZED REPRESENTATIVE
	Atlanta	GA 30342	ballatia



DATE (MM/DD/YYYY) 09/11/2020

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)

tilla certificate does flot collier fi	gints to the certificate floider	iii iieu oi sucii	i ciiuoi sci	nent(a).			
PRODUCER			CONTACT NAME:	Caroline Villalta			
Risk & Insurance Consultants, Inc			PHONE (A/C, No, Ex	t): (404) 459-5975	FAX (A/C, No):	(404) 4	159-5976
An ISU Network Member			E-MAIL ADDRESS:	cwindham@riskinsuranceco.com			
5416 Glenridge Drive				INSURER(S) AFFORDING COVERAGE			NAIC #
Atlanta	GA	30342	INSURER A	Travelers Casualty Insurance Company	of America		19046
INSURED			INSURER B				25674
Atlanta Loves Christmas	Lights		INSURER C	. American Interstate Insurance Company			31895
11770 Haynes Bridge R	b		INSURER D	:			
Ste 205-326			INSURER E	:			
Alpharetta	GA	30009	INSURER F	:			
COVERAGES	CERTIFICATE NUMBER:	CL209112085	1	REVISION NUM	BER:		

COVERAGES	CERTIFICATE NUMBER:	CL2091120851	REVISION NUMBER:
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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	INSD V		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
							MED EXP (Any one person)	\$ 5,000
Α				6809H975969	10/26/2020	10/26/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENCE	\$ 1,000,000
В	EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	DED RETENTION \$ 5,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
l c	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
ľ	(Mandatory in NH)	1,7,7		7,000,2011022020	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
l								
DESC	PIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACO	DPD 1	01 Additional Pemarks Schedule, may be a	ttached if more si	nace is required)		

CERTIFICATI	E HOLDER		CANCELLATION
	Compliance Depot P.O. Box 115006		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	1.0. Box 110000		AUTHORIZED REPRESENTATIVE
	Carrollton	TX 75011	ballatia



DATE (MM/DD/YYYY) 09/11/2020

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tilla certificate does flot collier rigi	its to the certificate floider in fled of such	endorsement(s).	
PRODUCER		CONTACT NAME: Caroline Villalta	
Risk & Insurance Consultants, Inc		(A/C, NO, EXT): (A/C, NO):) 459-5976
An ISU Network Member		E-MAIL cwindham@riskinsuranceco.com	
5416 Glenridge Drive		INSURER(S) AFFORDING COVERAGE	NAIC #
Atlanta	GA 30342	INSURER A: Travelers Casualty Insurance Company of America	19046
INSURED		INSURER B: Travelers Property Casualty Company of America	25674
Atlanta Loves Christmas L	ights	INSURER C: American Interstate Insurance Company	31895
11770 Haynes Bridge Rd		INSURER D:	
Ste 205-326		INSURER E :	
Alpharetta	GA 30009	INSURER F:	
COVERAGES	CERTIFICATE NUMBER: CI 2091120851	DEVISION NUMBED:	

COVERAGES	CERTIFICATE NUMBER:	CL2091120851	REVISION NUMBER:
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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.

LTR	TYPE OF INSURANCE	INSD WVI	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000 \$ 5,000
A	GEN'L AGGREGATE LIMIT APPLIES PER:		6809H975969	10/26/2020	10/26/2021	,	\$ 1,000,000 \$ 2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY		BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						9	\$
	✓ UMBRELLA LIAB ✓ OCCUR					EACH OCCURRENCE \$	1,000,000
В	EXCESS LIAB CLAIMS-MADE		CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	➤ DED RETENTION \$ 5,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH-	
C	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	1,000,000
ľ	(Mandatory in NH)	N/A	AVVCGA2041322020	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	1,000,000
I DEG	CDIDTION OF OBEDIATIONS / LOCATIONS / VEHICLE	e (ACODD	404 Additional Demonto Calcadula manula a	ttoobad if mara a			

CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Hamilton Mill Community Association 1669 Hamilton Mill Pkwy **AUTHORIZED REPRESENTATIVE** GA 30019 Dacula

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DATE (MM/DD/YYYY) 09/11/2020

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this certificate does not comer rights to the certific	cate noider in lieu of Suci	i endorsement(s).	
PRODUCER		CONTACT Caroline Villalta	
Risk & Insurance Consultants, Inc		PHONE (A/C, No, Ext): (404) 459-5975 FAX (A/C, No): (40	4) 459-5976
An ISU Network Member		E-MAIL ADDRESS: cwindham@riskinsuranceco.com	
5416 Glenridge Drive		INSURER(S) AFFORDING COVERAGE	NAIC#
Atlanta	GA 30342	INSURER A: Travelers Casualty Insurance Company of America	19046
INSURED		INSURER B: Travelers Property Casualty Company of America	25674
Atlanta Loves Christmas Lights		INSURER C: American Interstate Insurance Company	31895
11770 Haynes Bridge Rd		INSURER D :	
Ste 205-326		INSURER E :	
Alpharetta	GA 30009	INSURER F:	
00//504.050	CL 200112095	1 DEVICION NUMBER	-

COVERAGES CERTIFICATE NUMBER: CL2091120851 REVISION NUMBER:

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.

LTR	TYPE OF INSURANCE	INSD V	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
А	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER:			6809H975969	10/26/2020	10/26/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 300,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
А	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			BA6N917163	10/26/2020	10/26/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
В	✓ UMBRELLA LIAB ✓ OCCUR EXCESS LIAB CLAIMS-MADE ✓ DED RETENTION \$ 5,000			CUP0K739485	10/26/2020	10/26/2021	EACH OCCURRENCE AGGREGATE	\$ 1,000,000 \$ 1,000,000 \$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER		CANCELLATION
Heritage Property Management Services Inc. 500 Sugar Mill Road		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
Building B Suite 200		
Atlanta	GA 30350	La flore



DATE (MM/DD/YYYY) 09/11/2020

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this certificate does not confer rig	hts to the certificate holder i	in lieu of such	endorsem	ient(s).			
PRODUCER			CONTACT NAME:	Caroline Villalta			
Risk & Insurance Consultants, Inc			PHONE (A/C, No, Ext)): (404) 459-5975	FAX (A/C, No):	(404) 459-5970	6
An ISU Network Member			E-MAIL ADDRESS:	cwindham@riskinsuranceco.com			
5416 Glenridge Drive				INSURER(S) AFFORDING COVERAGE		NA	IC#
Atlanta	GA	30342	INSURER A:	Travelers Casualty Insurance Company	of America	190	046
INSURED			INSURER B :	Travelers Property Casualty Company of	America	250	674
Atlanta Loves Christmas	Lights		INSURER C :	American Interstate Insurance Company		318	895
11770 Haynes Bridge Ro			INSURER D :				
Ste 205-326			INSURER E :				
Alpharetta	GA	30009	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	CL209112085	1	REVISION NUM	IBER:		

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	INSD V		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
							MED EXP (Any one person)	\$ 5,000
Α				6809H975969	10/26/2020	10/26/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC					Ţ	PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		BA6N917163			BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS ONLY			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENCE	\$ 1,000,000
В	EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	DED RETENTION \$ 5,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
l c	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
ľ	(Mandatory in NH)	1,7,7		7,000,2011022020	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
l								
DESC	PIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACO	DPD 1	01 Additional Pemarks Schedule, may be a	ttached if more si	nace is required)		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE	E HOLDER		CANCELLATION
	HMS P. O. Box 2458		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	F. O. BOX 2430		AUTHORIZED REPRESENTATIVE
I	Alpharetta	GA 30023	In floring



DATE (MM/DD/YYYY) 09/11/2020

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tino oci tinotici doco not conici rigilio	to the ocitinoate holder in hea or saon	chaorsement(s).	
PRODUCER		CONTACT NAME: Caroline Villalta	
Risk & Insurance Consultants, Inc		(A/C, NO, EXT): (A/C, NO).	59-5976
An ISU Network Member		E-MAIL cwindham@riskinsuranceco.com	
5416 Glenridge Drive		INSURER(S) AFFORDING COVERAGE	NAIC #
Atlanta	GA 30342	INSURER A: Travelers Casualty Insurance Company of America	19046
INSURED		INSURER B: Travelers Property Casualty Company of America	25674
Atlanta Loves Christmas Ligh	its	INSURER C: American Interstate Insurance Company	31895
11770 Haynes Bridge Rd		INSURER D:	
Ste 205-326		INSURER E :	
Alpharetta	GA 30009	INSURER F:	
COVERAGES	EDTIFICATE NUMBER: CI 209112085	1 DEVISION NUMBED:	

COVERAGES CERTIFICATE NUMBER: CL2091120851 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
		<u> </u>						MED EXP (Any one person)	\$ 5,000
Α					6809H975969	10/26/2020	10/26/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	X	UMBRELLA LIAB COCCUR						EACH OCCURRENCE	\$ 1,000,000
В		EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	X	DED RETENTION \$ 5,000							\$
	_	KERS COMPENSATION EMPLOYERS' LIABILITY						PER STATUTE OTH-	
С	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	datory in NH)	117.2		7.V V C C / 20+1022020	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule, may be a	ttached if more s	pace is required)		

CERTIFICATE HOLDER

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

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 09/11/2020

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER		CONTACT Caroline Villalta						
Risk & Insurance Consultants, Inc		PHONE (404) 459-5975 FAX (A/C, No): (404) 4	159-5976					
An ISU Network Member		E-MAIL cwindham@riskinsuranceco.com						
5416 Glenridge Drive		INSURER(S) AFFORDING COVERAGE	NAIC #					
Atlanta	GA 30342	INSURER A: Travelers Casualty Insurance Company of America	19046					
INSURED		INSURER B: Travelers Property Casualty Company of America	25674					
Atlanta Loves Christmas Lights		INSURER C: American Interstate Insurance Company	31895					
11770 Haynes Bridge Rd		INSURER D:						
Ste 205-326		INSURER E :						
Alpharetta	GA 30009	INSURER F:						
COVERAGES CERT	IFICATE NUMBER: CL209112085	1 REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF IN	SURANCE LISTED BELOW HAVE BEEN	ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
INDICATED NOTWITHSTANDING ANY REQUIR	EMENT TERM OR CONDITION OF ANY (CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS						

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α					6809H975969	10/26/2020	10/26/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	×	ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	×	UMBRELLA LIAB COCCUR						EACH OCCURRENCE	\$ 1,000,000
В		EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	\times	DED RETENTION \$ 5,000							\$
	_	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
l c	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
ľ	(Mar	datory in NH)	117.7		7.0007.2041022020	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01. Additional Remarks Schedule, may be a	ttached if more si	nace is required)	ı	

CERTIFICATE HOLDER

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

GA 30518

7000 Lanier Island

Buford



DATE (MM/DD/YYYY) 09/11/2020

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this certificate does not confer it	gnts to the certificate holder	in neu or such	endorser	nenu(s).				
PRODUCER			CONTACT NAME:	Caroline Villalta	-			
Risk & Insurance Consultants, Inc				PHONE (A/C, No, Ext): (404) 459-5975 FAX (A/C, No): (404) 459-5976				
An ISU Network Member			E-MAIL ADDRESS:	cwindham@riskinsuranceco.com				
5416 Glenridge Drive				INSURER(S) AFFORDING COVERAGE			NAIC #	
Atlanta	GA	30342	INSURER A	Travelers Casualty Insurance Company	of America		19046	
INSURED			INSURER B	: Travelers Property Casualty Company of	America		25674	
Atlanta Loves Christma	s Lights		INSURER C	. American Interstate Insurance Company			31895	
11770 Haynes Bridge R	d		INSURER D	:				
Ste 205-326			INSURER E	:				
Alpharetta	GA	30009	INSURER F	:				
COVERAGES	CERTIFICATE NUMBER:	CL209112085	1	REVISION NUM	IBER:			

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INSR LTR	TYPE OF INSURANCE	INSD V		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
I F	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR			6809H975969	10/26/2020	10/26/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY			BA6N917163	10/26/2020	10/26/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
A	X 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	\$ 1,000,000
В	EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	DED RETENTION \$ 5,000							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AVWCGA2841522020	10/26/2020	10/26/2021	PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	1,7,7					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
l								
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule, may be attached if more space is required)							

CERTIFICATE HOLDER		CANCELLATION
LifeScapes Inc. 31 Scott Drive NE		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
31 Good Brive NE		AUTHORIZED REPRESENTATIVE
Marietta	GA 30067	La Maria



DATE (MM/DD/YYYY) 09/11/2020

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tilis certificate does not confer no	gints to the certificate noider in her	u oi sucii elluoiseili	en(s).		
PRODUCER		CONTACT NAME:	Caroline Villalta		
Risk & Insurance Consultants, Inc		PHONE (A/C, No, Ext)	: (404) 459-5975	FAX (A/C, No):	404) 459-5976
An ISU Network Member		E-MAIL ADDRESS:	cwindham@riskinsuranceco.com		
5416 Glenridge Drive			INSURER(S) AFFORDING COVERAGE		NAIC #
Atlanta	GA 30342	INSURER A:	Travelers Casualty Insurance Company of	of America	19046
INSURED		INSURER B:	Travelers Property Casualty Company of	America	25674
Atlanta Loves Christmas	Lights	INSURER C :	American Interstate Insurance Company		31895
11770 Haynes Bridge Ro	d	INSURER D :			
Ste 205-326		INSURER E :			
Alpharetta	GA 30009	INSURER F :			
COVERAGES	CERTIFICATE NUMBER: CL2	091120851	REVISION NUM	IRFR.	

COVERAGES	CERTIFICATE NUMBER:	CL2091120851	REVISION NUMBER:
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INSR LTR	TYPE OF INSURANCE	INSD V		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
					10/26/2020	10/26/2021	MED EXP (Any one person)	\$ 5,000
Α				6809H975969			PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENCE	\$ 1,000,000
В	EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	DED RETENTION \$ 5,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
l c	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
ľ	(Mandatory in NH)	1,7,7		7,000,2011022020	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
l								
DESC	PIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACO	DPD 1	01 Additional Pemarks Schedule, may be a	ttached if more si	nace is required)		

CEDTIFICATE HOLDED CANCELL ATION

CERTIFICATI	E HULDER		CANCELLATION
	LifeScapes 1616 Atlanta Road SE		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1010 Atlanta Road SE			AUTHORIZED REPRESENTATIVE
ı	Marietta	GA 30060	La Maria



DATE (MM/DD/YYYY) 09/11/2020

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this certificate does not confer	rights to the certificate hold	ier in neu or sucr	i endorser	nenu(s).		
PRODUCER			CONTACT NAME:	Caroline Villalta		
Risk & Insurance Consultants, Inc			PHONE (A/C, No, Ex	t): (404) 459-5975	FAX (A/C, No): (404)	459-5976
An ISU Network Member			E-MAIL ADDRESS:	cwindham@riskinsuranceco.com		
5416 Glenridge Drive				INSURER(S) AFFORDING COVE	ERAGE	NAIC #
Atlanta	(GA 30342	INSURER A	: Travelers Casualty Insurance Con	mpany of America	19046
INSURED			INSURER B	: Travelers Property Casualty Com	pany of America	25674
Atlanta Loves Christr	nas Lights		INSURER C	. American Interstate Insurance Co	ompany	31895
11770 Haynes Bridge	e Rd		INSURER D	:		
Ste 205-326			INSURER E	:		
Alpharetta	(GA 30009	INSURER F	:		
COVERAGES	CERTIFICATE NUMBER	: CL209112085	1	REVISIO	N NUMBER:	
TUIO 10 TO OFFITEV TUAT THE PO	TOTED OF INICIAL VALOE LIGHED B	CLOW/LIAVE DEEN	IOOLIED TO	THE MOUDED MAMED ABOVE FOR	THE BOLLOV DEDICE	

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α			Υ		6809H975969	10/26/2020	10/26/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	×	ANY AUTO		BA6N917163				BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS	Υ		10/26/2020	10/26/2021	BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
В		EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	×	DED RETENTION \$ 5,000							\$
	_	KERS COMPENSATION EMPLOYERS' LIABILITY						➤ PER OTH-ER	
C	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
ľ	(Man	datory in NH)	117.2		7.V V O O 7.20+1022020	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured: Marriott International, Inc. Marriott Hotel Services, Inc. Atlanta Marriott Alpharetta

DiamondRock Hospitality Company (owner)

CERTIFICATI	E HOLDER		CANCELLATION
	Marriott International, Inc.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
10400 Felliwood Ru			AUTHORIZED REPRESENTATIVE
	Bethesda	MD 20817	ballatia



DATE (MM/DD/YYYY) 09/11/2020

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this certificate does not confer rights to the certificat	te noider in lieu of Suci	n endorsement(s).	
PRODUCER		CONTACT Caroline Villalta	
Risk & Insurance Consultants, Inc		PHONE (A/C, No, Ext): (404) 459-5975 FAX (A/C, N	No): (404) 459-5976
An ISU Network Member		E-MAIL ADDRESS: cwindham@riskinsuranceco.com	•
5416 Glenridge Drive		INSURER(S) AFFORDING COVERAGE	NAIC #
Atlanta	GA 30342	INSURER A: Travelers Casualty Insurance Company of Amer	rica 19046
INSURED		INSURER B: Travelers Property Casualty Company of America	ca 25674
Atlanta Loves Christmas Lights		INSURER C: American Interstate Insurance Company	31895
11770 Haynes Bridge Rd		INSURER D:	
Ste 205-326		INSURER E :	
Alpharetta	GA 30009	INSURER F:	
COVER A CEC	CL 200112095	1 DEVICION NUMBER	

COVERAGES CERTIFICATE NUMBER: CL2091120851 REVISION NUMBER:

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.

	COUSTIONS AND CONDITIONS OF SOCITE OLICIES. LIMITS SHOWN WAT HAVE BEEN REDUCED BY FAID CLAIMS. ADDLISUBR POLICY EXP						
INSR LTR	TYPE OF INSURANCE	INSD \	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS
	CLAIMS-MADE OCCUR						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED \$ 300,000 PREMISES (Ea occurrence) \$ 5000
A		Y		6809H975969	10/26/2020	10/26/2021	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
<u> </u>	OTHER:	\vdash					
1	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person) \$
Α	OWNED SCHEDULED AUTOS ONLY AUTOS		BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per accident) \$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENCE \$ 1,000,000
В	EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE \$ 1,000,000
	X DED RETENTION \$ 5,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						➤ PER OTH- STATUTE ER
С	ANY PROPRIETOR/PARTNER/EXECUTIVE Y	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT \$ 1,000,000
1	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
I							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Mill Creek Residential Services, its subsidiaries, and the ownership entities of their owned or managed properties are included as additional insureds with respect to general liability as their interests may appear in regard to work performed or services provided by the named insured.

CERTIFICATE	HOLDER		CANCELLATION
	Mill Creek Residential Services c/o Compliance Del	oot	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	F.O. BOX 113000		AUTHORIZED REPRESENTATIVE
ı	Carrollton	TX 75011	La Maria



DATE (MM/DD/YYYY) 09/11/2020

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this certificate does not confer rights to the certificat	e nolder in lieu of suci	n endorsement(s).		
PRODUCER		CONTACT Caroline Villalta		
Risk & Insurance Consultants, Inc		PHONE (A/C, No, Ext): (404) 459-5975	FAX (A/C, No): (404)	459-5976
An ISU Network Member		E-MAIL cwindham@riskinsuranceco.com		
5416 Glenridge Drive		INSURER(S) AFFORDING COVERAGE		NAIC#
Atlanta	GA 30342	INSURER A: Travelers Casualty Insurance Company of	of America	19046
INSURED		INSURER B: Travelers Property Casualty Company of	America	25674
Atlanta Loves Christmas Lights		INSURER C: American Interstate Insurance Company		31895
11770 Haynes Bridge Rd		INSURER D:		
Ste 205-326		INSURER E :		
Alpharetta	GA 30009	INSURER F:		
COVERACES CERTIFICATE NU	MDED. CL 209112085	1 DEVICION NUM	DED.	

COVERAGES CERTIFICATE NUMBER: CL2091120851 REVISION NUMBER:

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	INSD V		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
					10/26/2020	10/26/2021	MED EXP (Any one person)	\$ 5,000
Α				6809H975969			PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENCE	\$ 1,000,000
В	EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	DED RETENTION \$ 5,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
l c	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
ľ	(Mandatory in NH)	1,7,7		7.0.000,12011022020	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
l								
DESC	PIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACO	DPD 1	01 Additional Pemarks Schedule, may be a	ttached if more si	nace is required)		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICAT	E HOLDER		CANCELLATION				
	Olde Woodward Mill 2635 Paced Ferry Rd		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				
	Ste. 125						
	Atlanat L	GA 30339	La flatina				



DATE (MM/DD/YYYY) 09/11/2020

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).

this certificate does not confer rights to the certificate holder in field of such endorsement(s).								
PRODUCER		CONTACT Caroline Villalta						
Risk & Insurance Consultants, Inc		PHONE (A/C, No, Ext): (404) 459-5975 FAX (A/C, N	No): (404) 459-5976					
An ISU Network Member		E-MAIL ADDRESS: cwindham@riskinsuranceco.com	•					
5416 Glenridge Drive		INSURER(S) AFFORDING COVERAGE	NAIC #					
Atlanta	GA 30342	INSURER A: Travelers Casualty Insurance Company of Amer	rica 19046					
INSURED		INSURER B: Travelers Property Casualty Company of America	ca 25674					
Atlanta Loves Christmas Lights		INSURER C: American Interstate Insurance Company	31895					
11770 Haynes Bridge Rd		INSURER D:						
Ste 205-326		INSURER E :						
Alpharetta	GA 30009	INSURER F:						
COVER A CEC	CL 200112095	1 DEVICION NUMBER						

COVERAGES CERTIFICATE NUMBER: CL2091120851 REVISION NUMBER:

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.

	ACCUSIONS AND CONDITIONS OF SUCH PO							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	MAD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED 30	,000,000
	CLAIMS-MADE OCCUR						PREIVIGES (Ea occurrence) 9	,000
Α		Υ		6809H975969	10/26/2020	10/26/2021	FERSONAL & ADVINSORT \$.	,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,	,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,	,000,000
	OTHER:						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ 1,	,000,000
	× ANY AUTO			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per person) \$	
Α	OWNED SCHEDULED AUTOS ONLY	Υ					BODILY INJURY (Per accident) \$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
							\$	
	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCORRENCE \$ '	,000,000
В	EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE \$ 1,	,000,000
	DED RETENTION \$ 5,000						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						➤ PER STATUTE OTH-ER	
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		AVWCGA2841522020	10/26/2020	10/26/2021		,000,000
	(Mandatory in NH) If yes, describe under							,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,	,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Ravinia Property Owners Association, Inc. and Hines Interests Limited Partnership are named as additional insured with respects to General Liability and Auto Liability, as required by written contract. (30) days notice of cancellation will be given unless due to nonpay; which is (10) days notice of cancellation.

CERTIFICATI	E HOLDER		CANCELLATION
	Ravinia Property Owners Association, Inc Partnership, As Agent	c. And Hines Interests Limited	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Faithership, As Agent		AUTHORIZED REPRESENTATIVE
	Two Ravinia Drive, Suite 100		AO MONIELD REI REGERIANTE
	Atlanta	GA 30346	La flata



DATE (MM/DD/YYYY) 09/11/2020

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this certificate does not confiel rights to the certificate notice in fled of such endorsement(s).								
PRODUCER		CONTACT Caroline Villalta						
Risk & Insurance Consultants, Inc		PHONE (A/C, No, Ext): (404) 459-5975 FAX (A/C, No): (404)	459-5976					
An ISU Network Member		E-MAIL cwindham@riskinsuranceco.com						
5416 Glenridge Drive		INSURER(S) AFFORDING COVERAGE	NAIC#					
Atlanta	GA 30342	INSURER A: Travelers Casualty Insurance Company of America	19046					
INSURED		INSURER B: Travelers Property Casualty Company of America	25674					
Atlanta Loves Christmas	s Lights	INSURER C: American Interstate Insurance Company	31895					
11770 Haynes Bridge R	d	INSURER D:						
Ste 205-326		INSURER E :						
Alpharetta	GA 30009	INSURER F:						
COVERAGES	CERTIFICATE NUMBER: CL209112	20851 REVISION NUMBER:						

COVERAGES	CERTIFICATE NUMBER:	CL2091120851	REVISION NUMBER:
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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.

LTR	TYPE OF INSURANCE	INSD		POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE CCCUR						PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
Α				6809H975969	10/26/2020	10/26/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENCE	\$ 1,000,000
В	EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	➤ DED RETENTION \$ 5,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
l c	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
ਁ	(Mandatory in NH)	II., A		7.000,000,000	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
DE6	DESCRIPTION OF OPERATIONS (LOCATIONS (VEHICLES (ACCOUNT)) And Additional Remarks School in many to attached if many property or prevised.)							

CERTIFICATE HOLDER 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. Wellington Lake HOA P.O. Box 920159 AUTHORIZED REPRESENTATIVE GA 30010 Norcrossq



DATE (MM/DD/YYYY) 09/11/2020

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this certificate does not confer rights to the certificate holder in fled of such endorsement(s).								
PRODUCER			CONTACT NAME:	Caroline Villalta				
Risk & Insurance Consultants, Inc			PHONE (A/C, No, Ext	t): (404) 459-5975	FAX (A/C, No):	(404) 4	59-5976	
An ISU Network Member			E-MAIL ADDRESS:	cwindham@riskinsuranceco.com				
5416 Glenridge Drive				INSURER(S) AFFORDING COVERAGE			NAIC #	
Atlanta	GA	30342	INSURER A	Travelers Casualty Insurance Company	of America		19046	
INSURED			INSURER B	Travelers Property Casualty Company of	America		25674	
Atlanta Loves Christma	s Lights		INSURER C	American Interstate Insurance Company			31895	
11770 Haynes Bridge R	d		INSURER D	:				
Ste 205-326			INSURER E :	:				
Alpharetta	GA	30009	INSURER F :	:				
COVERAGES	CERTIFICATE NUMBER:	CL2091120851	1	REVISION NUM	BER:			

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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α					6809H975969	10/26/2020	10/26/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	'LAGGRE <u>GATE</u> LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	×	ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			BA6N917163	10/26/2020	10/26/2021	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	×	UMBRELLA LIAB COCCUR						EACH OCCURRENCE	\$ 1,000,000
В		EXCESS LIAB CLAIMS-MADE			CUP0K739485	10/26/2020	10/26/2021	AGGREGATE	\$ 1,000,000
	\times	DED RETENTION \$ 5,000							\$
	-	KERS COMPENSATION EMPLOYERS' LIABILITY						➤ PER OTH-ER	
l c	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		AVWCGA2841522020	10/26/2020	10/26/2021	E.L. EACH ACCIDENT	\$ 1,000,000
ľ	(Man	datory in NH)	", "		7.0007.2011022020	10/20/2020	10/20/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
l									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Yancey Rents is additional insured with regards to the general liability policy when required by written contract. Yancey Rents is loss payee with regards to the leased/rented equipment when required by written contract.

CERTIFICATE HOLDER		CANCELLATION				
Yancey Rents 300 Lee Industrial Blvd		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
300 Lee muusinai bivu		AUTHORIZED REPRESENTATIVE				
Austell	GA 30168	In Madia				