



RIVERUN-22

KDAVIDSON1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/8/2026

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 Marietta, GA-Bouvier-HUB International New England 123 Church St NE Ste 285 Marietta, GA 30060-8606	CONTACT NAME: PHONE (A/C, No, Ext): (615) 610-6038 FAX (A/C, No): (615) 610-6039 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A : Illinois Union Insurance Company INSURER B : Hudson Excess Insurance Company INSURER C : Allmerica Financial Benefit Insurance Company INSURER D : Hanover Atlantic Insurance Company INSURER E : Emerald Bay Specialty Insurance Company INSURER F :
INSURED River Run Condominium Association, Inc. c/o Carter Communities, Inc. 711 Cedar Creek Way Woodstock, GA 30189	NAIC # 27960 14484 41840 22292 17527

COVERAGES

CERTIFICATE NUMBER:

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			GLWF19041062 001	6/27/2026	6/27/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$			HARPP-000525-02	6/27/2026	6/27/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	W2Y-J760823-02	6/27/2026	6/27/2027	PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Directors & Officers			PDO4001754-00	6/27/2026	6/27/2027	\$2,500 Deductible 1,000,000
E	Commercial Property			CS0004020-00	6/27/2026	6/27/2027	83 Units 14,247,569

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See attached page for additional coverage detail.

901 River Run Dr,
Atlanta, GA 30350

CERTIFICATE HOLDER

CANCELLATION

CERTIFICATE HOLDER River Run Condominium Association, Inc. c/o Carter Communities, Inc. 711 Cedar Creek Way Woodstock, GA 30189	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
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ADDITIONAL REMARKS SCHEDULE

AGENCY Marietta, GA-Bouvier-HUB International New England		NAMED INSURED River Run Condominium Association, Inc. c/o Carter Communities, Inc. 711 Cedar Creek Way Woodstock, GA 30189
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

The association consists of 9 residential buildings containing 83 units.

Crime/Fidelity Coverage:

Employee Dishonesty Limit: \$350,000

Policy Number: ADOGAF190561442

Effective Date: 6/27/2026 – Expiration Date: 6/27/2027

This coverage includes the community management company, community management staff, and board members.

Coverage Basis:

Coverage is written on a Special Form, Agreed Value, and Replacement Cost basis.

Property Coverage Deductible:

\$25,000 per occurrence

Special Property Deductibles:

\$10,000 per unit for water damage

2% per occurrence/per building for Wind/Hail. Deductible on Package policy has deductible buy back in place lowering Wind/Hail deductible to \$25,000 per occurrence.

Coverage includes the replacement of finished flooring, interior walls, ceilings, and permanently affixed fixtures, to the original specifications of the unit. This coverage shall not apply to commercial units within the building, if any.

Responsibility for coverage under an individual unit owner's HO-6 policy shall be determined in accordance with the association's governing documents. Coverage is subject to and limited by the provisions set forth in such documents.

Additional Coverages:

Equipment Breakdown coverage is included.

Ordinance or Law Coverage A, B, and C is included.

Wind/Hail coverage is included.

Separation of Insureds is included.

Waiver of Subrogation is included.

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

Inflation Guard Endorsement is not included. Replacement cost coverage is reviewed annually for accuracy through Marshall & Swift/Boeckh/CoreLogic reports.



Attached is an evidence of coverage for information purposes only.

As a unit owner, if your mortgage company requests proof of insurance coverage for the Association Master Policy, you will need to arrange for a "Certificate of Insurance" to be sent directly to your lender.

You can request a Certificate of Insurance via email or fax. It is common for lenders to request proof of coverage on an annual basis.

Request Methods:

- **Email:** NEE.Bouvier.Coi.Southeast@hubinternational.com
- **Fax:** 615.610.6039

To ensure a smooth and efficient process, please submit the following details with every request:

1. Name of Unit Owner(s)
2. Address of Unit Owner
3. Mortgage Holder Name and Mailing Address (if applicable)
4. Loan Number for Mortgage (if applicable)

For quicker processing, kindly include the full name of the condominium or homeowner association in your request. If you have received a letter from your lender, please be sure to include it with your submission to ensure accuracy.