

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/15/2022

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 fieu of such endorsement(s).								
PRODUCER		CONTACT Tami Garmany						
PointeNorth Insurance Group, LLC		PHONE (A/C, No, Ext): (678) 785-4125 FAX (A/C, No): (770) 85	8-7545					
PO Box 724728		E-MAIL ADDRESS: tami.garmany@pninsurance.com						
		INSURER(S) AFFORDING COVERAGE	NAIC #					
Atlanta	GA 31139	INSURER A: Selective Way Insurance Co	26301					
INSURED		INSURER B: National Liability & Fire Insurance Company	19054					
Davinci Home Services Inc. DBA: It's Ma	id Day	INSURER C:						
2971 Cherokee Street		INSURER D:						
		INSURER E :						
Kennesaw	GA 30144	INSURER F:						
COVERAGES CERTIFICAT	E NUMBER: 22/23 Master (	Cert 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.

	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			
	CLAIMS-MADE COCUR				04/15/2022	04/15/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 500,000		
								\$ 15,000		
Α	!	Y		S 244636000			PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000		
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	OTHER:							\$		
	AUTOMOBILE LIABILITY			S 244636000	04/15/2022	04/15/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	ANY AUTO						BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS	Y					BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	✓ UMBRELLA LIAB  ✓ OCCUR			S 244636000	04/15/2022	04/15/2023	EACH OCCURRENCE	\$ 3,000,000		
Α	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 3,000,000		
	DED   RETENTION \$ 0							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ A	WC-2022-81456-00	08/15/2022	08/15/2023	PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EYECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 100,000		
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 100,000		
	<del></del>			-						

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

Reference: 1516 - Brixmor Stone Mountain, LLC, Stone Mountain Festival, 1825 Rockbridge Road, Suites 4A-16C, Stone Mountain, GA, 30087-3308

CERTIFICATE HOLDER		CANCELLATION
1516 - Brixmor Stone Mountain LLC 8 Wood Hollow Road	& Brixmor Property Group	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
6 WOOU HOIIOW ROAU		AUTHORIZED REPRESENTATIVE
Suite 201		AO MONEED NET REGENTATIVE
Parsippany	NJ 07054	Within 1/2 Deal

© 1988-2015 ACORD CORPORATION. All rights reserved.

DAVIN1 Client#: 1560898

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/16/2022

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.

	SUBROGATION IS WAIVED, subject this certificate does not confer any right						uire an endorse	ment. A	staten	ent on
PRODUCER				CONTACT Tonalaya Green						
US	I Insurance Services, LLC				PHONE (A/C, No, Ext): 206-64			FAX	610-3	62-8093
237	75 E.Camelback Road, Suite 250				PHONE (A/C, No, Ext): 206-649-7306 FAX (A/C, No): 610-3					02 0000
Ph	oenix, AZ 85016				ADDRESS: Toridiay		FORDING COVERAG	·-		NAIC#
					INSURER A : Hartford	. , ,		)E		19682
INSL	JRED					The modium	oc Company			10002
	DaVinci Home Services da	a It'	s Ma	id Day	INSURER B:					
	2971 Cherokee St Nw				INSURER C:					
	Kennesaw, GA 30144				INSURER D :					
					INSURER E :					
<u></u>	VERAGES CER	TIEIC	· A TE	NUMBER:	INSURER F:		REVISION NUM	DED:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEEN ISSUED TO				POLIC	Y PERIOD
IN C E	IDICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH	QUIRI PERT <i>A</i> POL	EMEN AIN, T ICIES	T, TERM OR CONDITION O THE INSURANCE AFFORDE . LIMITS SHOWN MAY HAV	F ANY CONTRACT O D BY THE POLICIES /E BEEN REDUCED	R OTHER DO DESCRIBED   BY PAID CLAI	CUMENT WITH R HEREIN IS SUBJE	ESPECT	TO WH	HICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENC		\$	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTE PREMISES (Ea occu	ED irrence)	\$	
							MED EXP (Any one p	person)	\$	
							PERSONAL & ADV I	NJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREG	SATE	\$	
	POLICY PRO- JECT LOC						PRODUCTS - COMP	P/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO						BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAG (Per accident)	βE	\$	
									\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDEN	NT	\$	
	(Mandatory in NH)						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POL	ICY LIMIT	\$	
Α	Crime			59BDDHU0473	10/18/2022	10/18/2023	Limit: \$50,00	0		
							Deductible: \$	\$1,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (	ACORI	D 101, Additional Remarks Sched	ule, may be attached if mo	ore space is requ	ired)			
Pro	oof of Insurance									
CE	RTIFICATE HOLDER				CANCELLATION					
_		_	_							
DaVinci Home Services				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	dba It's Maid Day	ACCORDANCE WITH THE POLICY PROVISIONS.								

2971 Cherokee St NW

Kennesaw, GA 30144

**AUTHORIZED REPRESENTATIVE** 

1988-2015 ACORD CORPORATION. All rights reserved.