Client#: 2345338 04SPECTPRO4

#### ACORD...

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/28/2025

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 cortificate does not confor any rights to the cortificate holder in liqu of such andersoment(s)

this certificate does not comer any rights to the certificate notice in head	n such endorsement(s).					
PRODUCER	CONTACT Commercial Client Center 888-743-2217					
McGriff, a MMA LLC Company	PHONE (A/C, No, Ext): 888 743-2217	FAX (A/C, No): 8888279861				
7701 Airport Center Dr	E-MAIL ADDRESS: ClientServiceCenter@mcgriff.com					
Suite 1800	INSURER(S) AFFORDING COVERAG	E NAIC#				
Greensboro, NC 27409	INSURER A: Allmerica Financial Benefits	41840				
INSURED	INSURER B: Hartford Underwriters Insurance Comp	oany 30104				
Spectrum Properties & Services LLC 5515 Nesmith Court	INSURER C:					
	INSURER D:					
Cumming, GA 30040	INSURER E:					
	INSURER F:					

**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 SUI	BR D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	S
Α	X COMMERCIAL GENERAL LIABILITY	z	R26J949754	01/23/2025	01/23/2026	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	E&O		22OH072955725	01/23/2025	01/23/2026	1,000,000/1,000,000	
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

The certificate Holder is listed as an additional insured by contract

CERTIFICATE HOLDER	CANCELLATION

**Davidson Homes, LLC** 3460 Preston Ridge Road Ste 525 Alpharetta, GA 30005

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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Client#: 2345338 04SPECTPRO4

### $ACORD_{\scriptscriptstyle{\mathbb{M}}}$

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/28/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT Commercial Client Center 888-743-221	7				
McGriff, a MMA LLC Company	PHONE (A/C, No, Ext): 888 743-2217 FAX (A/C, No	o): 8888279861				
7701 Airport Center Dr	E-MAIL ADDRESS: ClientServiceCenter@mcgriff.com					
Suite 1800	INSURER(S) AFFORDING COVERAGE	NAIC#				
Greensboro, NC 27409	INSURER A: Allmerica Financial Benefits	41840				
INSURED	INSURER B: Hartford Underwriters Insurance Company	30104				
Spectrum Properties & Services LLC	INSURER C:					
5515 Nesmith Court	INSURER D:					
Cumming, GA 30040	INSURER E:					
	INSURER F:					

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 S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5
Α	Х	COMMERCIAL GENERAL LIABILITY	z		R26J949754		•	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								MED EXP (Any one person)	\$5,000
								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)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH) s. describe under						E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	E&	0			22OH072955725	01/23/2025	01/23/2026	1,000,000/1,000,000	
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

The certificate Molder is listed as an additional insured by contract

The certificate Holder is listed as an additional insured by contract

CERTIFICATE HOLDER	CANCELLATION
Lennar 1000 Holcomb Woods Pkwy, BLDG 400, STE 450	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Roswell, GA 30076	AUTHORIZED REPRESENTATIVE

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Client#: 2345338 04SPECTPRO4

#### $ACORD_{\scriptscriptstyle{\mathbb{M}}}$

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/28/2025

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i such endorsement(s).					
CONTACT Commercial Client Center 888-743-2217					
PHONE (A/C, No. Ext): 888 743-2217	FAX (A/C, No): 8888279861				
INSURER(S) AFFORDING COVERAGE					
INSURER A : Allmerica Financial Benefits	41840				
INSURER B : Hartford Underwriters Insurance Comp	pany 30104				
INSURER C:					
INSURER D:					
INSURER E:					
INSURER F:					
	CONTACT Commercial Client Center 888-74 PHONE (A/C, No, Ext): 888 743-2217 E-MAIL ADDRESS: ClientServiceCenter@mcgriff.co INSURER(S) AFFORDING COVERACT INSURER A : Allmerica Financial Benefits INSURER B : Hartford Underwriters Insurance Compusurer C : INSURER C : INSURER C : INSURER D :				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
Α	Χ	COMMERCIAL GENERAL LIABILITY	z		R26J949754	01/23/2025	01/23/2026	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								MED EXP (Any one person)	\$5,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	X	POLICY POLICY LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
_		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	idatory in NH)	м, д					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	E&	0			22OH072955725	01/23/2025	01/23/2026	1,000,000/1,000,000	
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

The certificate Holder is listed as an additional insured by contract

The certificate Holder is listed as an additional insured by contract

CERTIFICATE HOLDER	CANCELLATION
The Providence Group 11340 Lakefield Drive Sute 140 John Creek, GA 30097	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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Client#: 2345338 04SPECTPRO4

### $ACORD_{\scriptscriptstyle{\mathbb{M}}}$

# CERTIFICATE OF LIABILITY INSURANCE

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and continuate account control any rights to the continuate notice. In fice	or each endercement(c).				
PRODUCER	CONTACT Commercial Client Center 888-74	3-2217			
McGriff, a MMA LLC Company	PHONE (A/C, No, Ext): 888 743-2217	FAX (A/C, No): 8888279861			
7701 Airport Center Dr	E-MAIL ADDRESS: ClientServiceCenter@mcgriff.com				
Suite 1800	INSURER(S) AFFORDING COVERAGE	GE NAIC#			
Greensboro, NC 27409	INSURER A: Allmerica Financial Benefits	41840			
INSURED	INSURER B : Hartford Underwriters Insurance Comp	pany 30104			
Spectrum Properties & Services LLC	INSURER C:				
5515 Nesmith Court	INSURER D:				
Cumming, GA 30040	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X	COMMERCIAL GENERAL LIABILITY	z		R26J949754	01/23/2025	01/23/2026	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								MED EXP (Any one person)	\$5,000
								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)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	E&	0			22OH072955725	01/23/2025	01/23/2026	1,000,000/1,000,000	

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

The certificate Holder is listed as an additional insured by contract

The Certificate holder is listed as an additional insured. unmanned aircraft coverage included

CERTIFICATE HOLDER	CANCELLATION
DR Horton 8800 Roswell Road, BLDG B, STE 100	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Atlanta, GA 30350	AUTHORIZED REPRESENTATIVE

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