CERTIFICATE OF THE INSURANCE CONSULTANT REGARDING INSURANCE REQUIREMENTS

We hereby certify that we have reviewed the requirements for insurance contained in Section 3.03 of the Master Trust Indenture, dated as of December 1, 2018, between Westminster Presbyterian Homes, Inc. and Branch Banking and Trust Company, as master trustee (the "Master Indenture"), and further certify that policies providing all insurance coverages required by the Master Indenture are in effect is as of the date hereof. ACORD Certificates of Insurance evidencing such coverage are attached hereto.

Dated: December 1, 2018

INSURANCE BROKER/AGENT:

USI INSURANCE SERVICES, LLC

By: BR. M. Title: Vice Projected, Property and Casualdy

Client#: 1513714 PRESBYHOM ACORD CERTIFICATE OF LIABILITY INSURANCE THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOL

DATE (MM/DD/YYYY) 12/17/2018

C B	HIS CERTIFICATE IS ISSUED AS A MA ERTIFICATE DOES NOT AFFIRMATIV ELOW. THIS CERTIFICATE OF INSUR EPRESENTATIVE OR PRODUCER, AI	ELY OR N ANCE DO	EGATIVELY AMEND, EX ES NOT CONSTITUTE A	TEND (OR ALTER T	HE COVERA	GE AFFORDED BY THE	POLIC	IES
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).									
	lis certificate does not confer any rigi DUCER	its to the c	certificate noider in lieu d			11(8).			
	I Insurance Services LLC			CONTA NAME:			EAV		
				(A/C, No	, Ext): 484 35	1-4600		610 5	37-4974
	7 Sentry Pkwy W., Veva 16			E-MAIL ADDRE	ss: alexa.m	cconney@L	isi.com		
	te 300					INSURER(S) AF	FORDING COVERAGE		NAIC #
ΒΙι	e Bell, PA 19422			INSURE	R A : Columbia Ca	sualty Company			31127
INSU	RED			INSURE		35289			
	Presbyterian Homes of Ge	orgia Inc		INSURE	1-1-1-1				
	PO Box 926			INSURE					
	Quitman, GA 31643								
				INSURE				_	
00				INSURE	RF:				
			NUMBER:				REVISION NUMBER:	DOI 10	
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN, T POLICIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV	FANY DBYT	Contract of He Policies N Reduced I	r other doo described i by paid clai	CUMENT WITH RESPECT HEREIN IS SUBJECT TO /	TO WH	ICH THIS
INSR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY		PLO6010468942		08/01/2018	08/01/2019	EACH OCCURRENCE	\$1,00	0,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s1,00	0,000
							MED EXP (Any one person)	\$5,00	0
						PERSONAL & ADV INJURY		0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000	
	X POLICY JECT LOC						PRODUCTS - COMP/OP AGG	5 5	
			0040400000		00/04/0040		COMBINED SINGLE LIMIT	-	
В			6010468939		08/01/2018	08/01/2019	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 1,00	0,000
	X ANY AUTO OWNED SCHEDULED					BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$		
	X AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
-								\$	
A	X UMBRELLA LIAB X OCCUR		UMB6010468956		08/01/2018	08/01/2019	EACH OCCURRENCE	\$1,00	0,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	s1,00	0,000
	DED RETENTION S							\$	
	WORKERS COMPENSATION						PER STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	s	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						1000	
	If yes, describe under						E.L. DISEASE - EA EMPLOYEE		
	DESCRIPTION OF OPERATIONS below		DI 06040400040	E.L. DISEASE - POLICY LIMIT \$ 08/01/2018 08/01/2019 \$1,000,000 Ea. Claim					
A	Professional		PLO6010468942		08/01/2018	08/01/2019			
	Liability						\$5,000,000 Aggrega	te	
Na We The pro wri	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Named Insured includes: Presbyterian Homes of Georgia, Inc. Westminster Presbyterian Homes, Inc. d/b/a Presbyterian Village - Athens The General Liability and Umbrella policies include an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate holder, only when there is a written contract or written agreement between the named insured and the certificate holder that requires such status, and only (See Attached Descriptions)								
CE	RTIFICATE HOLDER			CANC	ELLATION				
STI Institutional & Government, Inc. , ISAOA, ATIMA , ATTN: R Loggins					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	GA-Atlanta-0030; 1155 P	eachtree	SI., NE, SUILE 900		RIZED REPRESE				
	Atlanta, GA 30309			5	01	Galo	- demonstration		
				100					
					© 1	1988-2015 AC	CORD CORPORATION.	Ali righ	ts reserved.

DESCRIPTIONS (Continued from Page 1)

with regard to the referenced premises.

30 day notice of cancellation applies to certificate holder except 10 days for non-payment of premium.

Paid premium for this location: \$400. Loc# 7 - 8021 Macon Highway, Hwy 441; Athens, GA

PARRISH

INSURANCE GROUP

December 13, 2018

Timothy Veith of Counsel 303 Peachtree St. NE Sulte 3500 Atlanta, GA 30308

RE: Presbyterian Homes of Georgia

RW Allen Construction, LLC 1015 Broad Street Augusta, GA 30901

Dear Mr. Veith:

Please accept this letter on behalf of our insured, RW Allen Construction, LLC, as confirmation of coverage verification. As the appointed insurance agent for RW Allen Construction, LLC, we certify that the insurance coverages shown in the attached Acord 25 are adequate as of December 19, 2018.

Should any additional coverage requirements arise, our agency confirms that we have the resources and ability to secure as necessary as the project progresses.

Feel free to contact me directly with any additional questions or concerns you may have.

Sincerely,

Megan Cleaves

Megan Cleaves VP of Operations

	1401 MAIN STREET · SUITE 601	
PHONE: (803)799-1160	COLUMBIA, SC 29201	FAX: (803)799-1159

ACORD [®] CER	TIFICAT	E OF LIABIL	ITY IN	SURA	NCE		(MM/DD/YYYY) 7/2018			
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, A	ELY OR NEGATIN	VELY AMEND, EXTEND OF DT CONSTITUTE A CONTR	ALTER THE	COVERAGE	AFFORDED BY THE POI	LICIES	-			
IMPORTANT: If the certificate holder is the terms and conditions of the policy certificate holder in lieu of such endor	certain policies									
PRODUCER		CONT	ACT Certifi	cates						
arrish & Gwinn Insurance (roup LLC	PHON	E	799-1160	FAX	(803) 79	9-1159			
401 Main Street	_	E-MAI ADDR	Ess. certifi	cates@pgin	nsgroup.com	•				
Suite 601		(APPR)	INSURER(S) AFFORDING COVERAGE NAI							
Columbia SC 2	9201	INSUR	INSURERA: National Union Fire Insurance Co.							
NSURED					Insurance Co.		19445 23841			
W Allen Construction, LLC					Co. of America		25674			
.015 Broad Street			ERD:							
			ERE:							
uqusta GA 3	0901	INSUR								
	RTIFICATE NUI	MBER:18-19 AI GL			REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH	QUIREMENT, TERM RTAIN, THE INSUR	I OR CONDITION OF ANY COM ANCE AFFORDED BY THE PO	NTRACT OR OT	HER DOCUME	NT WITH RESPECT TO WH	ICH THI				
VSR	ADDL SUBR		POLICY EFF (MM/DD/YYYY)							
TR TYPE OF INSURANCE GENERAL LIABILITY	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		s	1,000,000			
					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000			
A CLAIMS-MADE X OCCUR	X GL 32	292095	9/1/2018 12	9/1/2019			10,000			
					MED EXP (Any one person)	\$	1,000,000			
	-				PERSONAL & ADV INJURY	\$	2,000,000			
	-				GENERAL AGGREGATE	\$				
					PRODUCTS - COMP/OP AGG	\$ \$	2,000,000			
					COMBINED SINGLE LIMIT	*				
					(Ea accident)	\$	1,000,000			
ANY AUTO	A -	544758	9/1/2018 12	9/1/2019	BODILY INJURY (Per person)					
AUTOS AUTOS					BODILY INJURY (Per accident PROPERTY DAMAGE					
X HIRED AUTOS X NON-OWNED AUTOS					(Per accident)	\$				
						\$				
C X UMBRELLA LIAB X OCCUR EXCESS LIAB			9/1/2018	9/1/2019	EACH OCCURRENCE	\$	10,000,000			
CLAINIS-INIAL	9 1 1	15T57071-18-NF	3/1/2010	5/1/2015	AGGREGATE	\$	10,000,000			
DED X RETENTION \$ 10,0 WORKERS COMPENSATION	00					S				
AND EMPLOYERS' LIABILITY	•				X WC STATU- TORY LIMITS ER					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			9/1/2018	9/1/2019	E.L. EACH ACCIDENT	\$	1,000,000			
(Mandatory in NH)		2298380	9/1/2018		E.L. DISEASE - EA EMPLOYEE	5	1,000,000			
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000			
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC E: Presbyterian Village Ather ertificate holder and Archite ontract.	s Sitework;	8161 Macon Highway,	Athens, GA	30606	required per writ	ten				
CERTIFICATE HOLDER			CELLATION							
Westminster Presbyteria		TH	E EXPIRATION	DATE THEREO	SCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVE Y PROVISIONS.		D BEFORE			
Attn: Dr. Frank McElrog 301 E. Screven Street	, Jr.	AUTH	ORIZED REPRESE	NTATIVE						
Quitman, GA 31643										
,				_	A.	, An				
	Mark	Mark Parrish/HP Maid Part								

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ACORD	EVIDENCE OF CO	OMME	ER	CI	A	L PROPERTY	INSURA	NCE	DATE (MM/DD/YYYY) 12/13/2018
UPON THE ADDITIONAL THE COVERAGE AFFOR	IMERCIAL PROPERTY INSURA INTEREST NAMED BELOW. TH DED BY THE POLICIES BELOW S), AUTHORIZED REPRESENTA	HIS EVIDE N. THIS E	NCE VIDE	E DO	DES E (S NOT AFFIRMATIVELY OF INSURANCE DOES N	OR NEGATIVEL	Y AMEND, EXTE	ND OR ALTER
PRODUCER NAME, CONTACT PERSON AND ADDRESS	PHONE (A/C, No, Ext): (706) 722-8338					COMPANY NAME AND ADDRE	SS	NAIC	NO: 10677
MAI Risk Advisors					The Cincinnati Insurance	Company	L		
Alicia Rhoades						P.O. Box 145496			
	3512 Wheeler	r Rd							
Augusta		GA 309	909			Cincinnati		OH 45250	
FAX (A/C, No): (706) 722-8828	E-MAIL ADDRESS: alicia@mairiskadvisor	rs.com				IF MULTIPLE	M FOR EACH		
соре: 10104	SUB CODE:					POLICY TYPE			
AGENCY CUSTOMER ID #: 00005316			_			Installation/Builder Risk:	Memory Care and	Apartments	
NAMED INSURED AND ADDRESS						LOAN NUMBER		POLICY NUMB	ER
Westminster Presbyterian Hor	nes, Inc., DBA: Presbyterian Village	e Athens						CAP525149	3
301 E Screven Street						EFFECTIVE DATE	EXPIRATION DATE		NTINUED UNTIL
Quitman		GA 316	643			12/01/2018	10/01/20:	20 те	RMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)						THIS REPLACES PRIOR EVID	ENCE DATED:		
Presbyterian Village Athens				_	_				
PROPERTY INFORMATION	(ACORD 101 may be attac	hed if mo	re sp	pac	e is	s required) 🛛 🗆 BUILI	DING OR	BUSINESS PERS	ONAL PROPERTY
LOCATION / DESCRIPTION 8021	Macon Highway					Loc# 00001: Mem	orv Care and Apa	rtments	
	insville		GA	306	77		.,		
ANY REQUIREMENT, TERM C BE ISSUED OR MAY PERTAIN	E LISTED BELOW HAVE BEEN ISS R CONDITION OF ANY CONTRACT I, THE INSURANCE AFFORDED BY SHOWN MAY HAVE BEEN REDUCE	OR OTHER	IES I	CUN Des	IEN CR	IT WITH RESPECT TO WHIC	H THIS EVIDENC	E OF PROPERTY II	SURANCE MAY
COVERAGE INFORMATION	PERILS INSURE	D B	ASIC	;		BROAD X SPECIA	L		
COMMERCIAL PROPERTY CO	VERAGE AMOUNT OF INSURANCE:	\$ 66	,247	,000	0			DED: 50,0	00
		YE	S NO	O N	/A				
BUSINESS INCOME	RENTAL VALUE	>	<			If YES, LIMIT: 5,200,000		Actual Loss Sus	stained; # of months:
BLANKET COVERAGE			>	<		If YES, indicate value(s) repo	orted on property id	entified above: \$	
TERRORISM COVERAGE		>	<			Attach Disclosure Notice / D	EC		
IS THERE A TERRORISM-S	SPECIFIC EXCLUSION?		>	<					
IS DOMESTIC TERRORISM	A EXCLUDED?		>	<					
LIMITED FUNGUS COVERAGE				1>	×	If YES, LIMIT:		DED:	
FUNGUS EXCLUSION (If "YES"	, specify organization's form used)			>	×				
REPLACEMENT COST		>	<						
AGREED VALUE									
COINSURANCE		>	<			If YES, 100 %			
EQUIPMENT BREAKDOWN (If	Applicable)	>				If YES, LIMIT: 66,247,000		DED:	50,000
ORDINANCE OR LAW - Cove	rage for loss to undamaged portion of	bldg >	<			If YES, LIMIT: 50,000		DED:	
- Demo	olition Costs	>				If YES, LIMIT: 50,000		DED:	
- Incr.	Cost of Construction	>	<			If YES, LIMIT: 50,000		DED:	
EARTH MOVEMENT (If Applicat	ole)	>	<			If YES, LIMIT: 1,000,000		DED:	25,000
FLOOD (If Applicable)		>	<			If YES, LIMIT: 1,000,000		DED:	25,000
WIND / HAIL INCL 🛛 🔀 YE	S 🔲 NO Subject to Different Prov	visions:	>	<		If YES, LIMIT: 66,247,000		DED:	50,000
NAMED STORM INCL 🛛 🛛 YE	S 🔲 NO Subject to Different Prov	visions:	>	<		If YES, LIMIT: 66,247,000		DED:	50,000
	OGATION IN FAVOR OF MORTGAGE	E		Τ					
HOLDER PRIOR TO LOSS			_						
SHOULD ANY OF THE A	BOVE DESCRIBED POLICIES B ANCE WITH THE POLICY PROV		LLE	DE	BEF	ORE THE EXPIRATION	DATE THEREO	F, NOTICE WILL	BE
ADDITIONAL INTEREST									
CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS P	YFF	_	Т	LÉNDER SERVICING AGENT N	AME AND ADDRESS		
MORTGAGEE									
NAME AND ADDRESS				-	-				
ner men altra la calenza da C.T. T. 1977 ते 🕏									
					ſ	AUTHORIZED REPRESENTATIV	/E		
						Free	to - S	a come	7
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						© 2	003-2015 ACOR	D CORPORATIO	N. All rights reserved.

										(MM/DD/YYYY) 7/2018		
	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.											
ti	ne to		the policy, c	ertai	n pol	ONAL INSURED, the polic licies may require an endo						
-	DUC						CONTAC	T Certifi	cates			
Pa	rri	ish & Gwinn Insu	irance Gr	oup	LL	c	PHONE (A/C, No	End), (803)	799-1160	FAX (A/C, No	(803) 79	9-1159
		Main Street		•					cates@pgir	nsgroup.com	ŀ	
Su	ite	e 601					ADDRES	NAIC #				
Co	lur	nbia	SC 292	201			INSUREI	19445				
INSU	IRED)					1			Insurance Co.		23841
RW	A.	llen Constructio	on, LLC							Co. of America		25674
10	15	Broad Street					INSURE	RD:				
1							INSURE	RE:				
Au	gus	sta	GA 309	901			INSURE	RF:				
CO	VE	RAGES	CER	TIFIC	CATE	NUMBER:18-19 AI G	L			REVISION NUMBER:		
		CATED, NOTWITHSTANDI	NG ANY REQU OR MAY PERT	IREN 'AIN,	IENT, THE I	CE LISTED BELOW HAVE BEE TERM OR CONDITION OF AN INSURANCE AFFORDED BY T IMITS SHOWN MAY HAVE BEI	NY CONT	RACT OR OTH	HER DÖCUME	NT WITH RESPECT TO WI	HICH THIS	
INSR	T	TYPE OF INSURANC	E		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS	
		ENERAL LIABILITY		INSIN	1				(1111/00/1111)	EACH OCCURRENCE	\$	1,000,000
	x									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
A					GL 3292095		9/1/2018 12	9/1/2019	MED EXP (Any one person)	\$	10,000	
										PERSONAL & ADV INJURY	\$	1,000,000
										GENERAL AGGREGATE	\$	2,000,000
	GE	EN'L AGGREGATE LIMIT APPLIE	S PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY X PRO-	LOC								\$)
	AL									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	X	ANY AUTO								BODILY INJURY (Per person)	\$	
		AUTOS	TOS N-OWNED			CA 4544758	9	9/1/2010 12	9/1/2019	BODILY INJURY (Per acciden PROPERTY DAMAGE	-	
	X		ITOS							(Per accident)	\$	
	+	1		_	-						\$	
C	X		OCCUR					9/1/2018	9/1/2019	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB	CLAIMS-MADE			ZUP-15T57071-18-NF		\$/1/2018	\$/1/2013	AGGREGATE	\$	10,000,000
В	w	DED X RETENTION \$	10,000		-					WC STATU-	\$ +-	
15	AN	ND EMPLOYERS' LIABILITY	<u>Y/N</u>							- TIORY LIMITS TEF	2	
	OF	NY PROPRIETOR/PARTNER/EXE FICER/MEMBER EXCLUDED?	N N	N/A		WC 22298380		9/1/201B	9/1/2019	E.L. EACH ACCIDENT	\$	1,000,000
	lf)	landatory in NH) yes, describe under ESCRIPTION OF OPERATIONS I	halaur							E.L. DISEASE - EA EMPLOYE		1,000,000
	100	ESCRIPTION OF OPERATIONS	below	-						E.L. DISEASE - POLICY LIMIT	3	1,000,000
									- 0			
RE Ce:	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RE: Presbyterian Village Athens Apartment Building; 8161 Macon Highway, Athens, GA 30606 Certificate holder and Architect named Additional Insured on General Liability as required per written contract.											
CE	RTI	FICATE HOLDER					CANC					
	Westminster Presbyterian Homes, Inc.						THE	EXPIRATION D	DATE THEREO	SCRIBED POLICIES BE C/ F, NOTICE WILL BE DELIVI Y PROVISIONS.		D BEFORE
		Attn: Dr. Frank 301 E. Screven S	- ·	JI	•••		AUTHOR		NTATIVE			
		Quitman, GA 31					1					
						Mark Parrish/HP Maid Faire						

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DATE (MM/DD/YYYY)

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 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		-(-).		CONTAC	T Certifi	cates						
Parrish & Gwinn Insurance G	oup	LL	c 1	PHONE	.Ext): (803)	799-1160	FAX (A/C, No): (80	3)799-1159				
1401 Main Street	-		E E E E E E E E E E E E E E E E E E E	E-MAIL	e. certifi	cates@pgir	asgroup.com					
Suite 601			Ľ Ľ	ADDRES				NAIC #				
Columbia SC 29	201			INSURER(S) AFFORDING COVERAGE NAIC #								
INSURED				INSURER B: New Hampshire Insurance Co. 23841								
RW Allen Construction, LLC			F	INSURER C: Travelers P&C Co. of America 25674								
1015 Broad Street			F	INSURER C: ITAVELETS Fac CO. OI America 25674								
			F	INSURE								
Augusta GA 30	901		F	INSURE								
	TIFIC	ATE	NUMBER:18-19 AI GL				REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN,	IEN T , THE II	TERM OR CONDITION OF ANY NSURANCE AFFORDED BY TH	Y CONT HE POL	RACT OR OTH ICIES DESCRI UCED BY PAIL	HER DOCUME IBED HEREIN I D CLAIMS.	NT WITH RESPECT TO WHICH	THIS				
INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIŤS					
GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000				
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000				
	X	1	GL 3292095	1	9/1/2018 12	9/1/2019	MED EXP (Any one person) \$	10,000				
							PERSONAL & ADV INJURY \$	1,000,000				
<u> </u>							GENERAL AGGREGATE \$					
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$	2,000,000				
POLICY A JECT LOC	-	-					\$ COMBINED SINGLE LIMIT					
							(Ea accident) \$ BODILY INJURY (Per person) \$	1,000,000				
			CA 4544758		9/1/2018 12	9/1/2019	BODILY INJURY (Per accident) \$					
AUTOS AUTOS X NON-OWNED							PROPERTY DAMAGE					
AUTOS							(Per accident) \$					
C X UMBRELLA LIAB X OCCUR	-			-			EACH OCCURRENCE \$	10,000,000				
EXCESS LIAB CLAIMS-MADE			ZUP-15T57071-18-NF		9/1/2018	9/1/2019	AGGREGATE \$	10,000,000				
DED X RETENTION \$ 10,000							s					
B WORKERS COMPENSATION	1						X WC STATU- TORY LIMITS OTH- ER					
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$	1,000,000				
(Mandatory in NH)	N/A		WC 22298380		9/1/2018	9/1/2019	E.L. DISEASE - EA EMPLOYEE \$	1,000,000				
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	R (A#		OPD 101 Additional Remarks School	ula if me		Irad)						
RE: Presbyterian Village Athens Certificate holder and Architec contract.	Vi.	llage	e Center (Healthcare); 81	61 Macon	Highway, 2		n				
CERTIFICATE HOLDER				CANC								
Westminster Presbyteria: Attn: Dr. Frank McElroy			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.									
301 E. Screven Street	, 01	•••	ſ	AUTHOR	RIZED REPRESEI	NTATIVE						
Quitman, GA 31643												
			1	Mark	Parrish/H	P	Mait Pa	>				
ACORD 25 (2010/05)			1		© 19	988-2010 AC	ORD CORPORATION. AI					

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/7/2018

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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

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				12/13/2018
UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIL	DEN EVI	CE I DEN	DOE ICE	A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS IS NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN ER, AND THE ADDITIONAL INTEREST.
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, Ext): (706) 722-8338				COMPANY NAME AND ADDRESS NAIC NO: 10677
MAI Risk Advisors				The Cincinnati Insurance Company
Alicia Rhoades				P.O. Box 145496
3512 Wheeler Rd Augusta GA 3	2000	0		Cincinnati OH 45250
The second s	5090	9		-
ADDRESS.				IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH POLICY TYPE
CODE: 10104 SUB CODE: AGENCY CUSTOMER ID #: 00005316				Installation/Builder Risk - Cottages/Duplexes
CUSTOMER ID #: NAMED INSURED AND ADDRESS			-	LOAN NUMBER POLICY NUMBER
Westminster Presbyterian Homes, Inc., DBA: Presbyterian Village Athens				CAP5251492
301 E Screven Street				EFFECTIVE DATE EXPIRATION DATE
Quitman GA 3	3164	3		12/01/2018 12/01/2020 CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDENCE DATED:
Presbyterian Village Athens				
PROPERTY INFORMATION (ACORD 101 may be attached if n	nore	spa	ice i	s required) 🛛 BUILDING OR 🗆 BUSINESS PERSONAL PROPERTY
LOCATION / DESCRIPTION 8021 Macon Highway				Loc# 00001: Cottages/Duplexes
Watkinsville	G	A 30	677	
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTH	D NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING NT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY RIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS			
COVERAGE INFORMATION PERILS INSURED	BAS	SIC		BROAD X SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	26,8	800,0	00	DED: 25,000
	1.1.1.1	NO	N/A	
	×			If YES, LIMIT: 1,800,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE				If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE	×			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		\times		
IS DOMESTIC TERRORISM EXCLUDED?		\times		
			X	If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			\times	
REPLACEMENT COST AGREED VALUE	×			
AGREED VALUE COINSURANCE				If YES. 100 %
EQUIPMENT BREAKDOWN (If Applicable)	~			If YES, 100 % If YES, LIMIT: 26,800,000 DED: 25,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT: 20,000 DED: 25,000
- Demolition Costs	××			If YES, LIMIT: 50,000 DED:
- Incr. Cost of Construction	Ŷ		_	If YES, LIMIT: 50,000 DED:
EARTH MOVEMENT (If Applicable)	Â			If YES, LIMIT: 1,000,000 DED: 25,000
FLOOD (If Applicable)	$\hat{\times}$			If YES, LIMIT: 1,000,000 DED: 25,000
WIND / HAIL INCL X YES NO Subject to Different Provisions:		×		If YES, LIMIT: 26,800,000 DED: 25,000
NAMED STORM INCL X YES NO Subject to Different Provisions:		×		If YES, LIMIT: 26,800,000 DED: 25,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE				
HOLDER PRIOR TO LOSS				
	0F1		PC	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAN DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS		LED	BE	FORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE
ADDITIONAL INTEREST				
	S PAYI	EE		LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE				
NAME AND ADDRESS				
				AUTHORIZED REPRESENTATIVE
				Frank & Ol
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