

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/26/2009

| | | |
|--|---|---|
| PRODUCER BB&T Insurance - Martinsville 1 Ellsworth Street 5th Floor Martinsville, VA 24112 276 666-3600 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| | INSURED Spring Lakes at the Woodlands Property Owners Association PO Drawer 4991 Martinsville, VA 24115 | INSURERS AFFORDING COVERAGE INSURER A: Peerless Insurance Company INSURER B: Hartford Underwriters Insurance INSURER C: INSURER D: INSURER E: |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------------------|--|------------------|----------------------------------|-----------------------------------|--|-------------|
| A | GENERAL LIABILITY | CBP9495687 | 05/01/09 | 05/01/10 | EACH OCCURRENCE | \$1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$300,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$5,000 |
| | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| | | | | | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC | \$ |
| | | | | | AUTO ONLY: AGG | \$ |
| | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | <input type="checkbox"/> RETENTION \$ | | | | | \$ |
| | | | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 6S6OUB0254N00209 | 04/01/09 | 04/01/10 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | E.L. EACH ACCIDENT | \$500,000 |
| | If yes, describe under SPECIAL PROVISIONS below | | | | E.L. DISEASE - EA EMPLOYEE | \$500,000 |
| | OTHER | | | | E.L. DISEASE - POLICY LIMIT | \$500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**** Workers Comp Information ****

Proprietors/Partners/Executive Officers/Members Excluded:
 Janet Decker, Secretary, Dillard Jones, Vice - President, Tim Joyce, Treasure, George Lester, President

(See Attached Descriptions)

| | |
|---|---|
| CERTIFICATE HOLDER Spring Lakes At the Woodlands Property Owners Association Po Box 4991 Martinsville, VA 24115 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Barry F Hurd</i> |
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

DESCRIPTIONS (Continued from Page 1)

Loc# 1 - 48 Meadow Glen Drive; Staunton, VA

Building # 1 Club House Building # 2 Pavillon/Picnic Shelter

ACORD™ EVIDENCE OF PROPERTY INSURANCEDATE (MM/DD/YY)
05/26/2009

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

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|--|---|--|
| PRODUCER BB&T Insurance - Martinsville 1 Ellsworth Street 5th Floor Martinsville, VA 24112 | PHONE (A/C, No, Ext): 276 666-3600 | COMPANY Peerless Insurance Company PO Box 49130 Charlotte, NC 28277-9130 |
| CODE: | SUB CODE: | |
| AGENCY CUSTOMER ID #: 1023045 | INSURED Spring Lakes at the Woodlands Property Owners Association PO Drawer 4991 Martinsville, VA 24115 | LOAN NUMBER |
| | | POLICY NUMBER CBP9495687 |
| | | EFFECTIVE DATE 05/01/09 |
| | | EXPIRATION DATE 05/01/10 |
| | | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| | | THIS REPLACES PRIOR EVIDENCE DATED: |

PROPERTY INFORMATION

LOCATION/DESCRIPTION

Location #1 48 Meadow Glen Drive
Staunton, VA 24401 Building #1 Club House
Location #1 48 Meadow Glen Drive
Staunton, VA 24401 Building #2 Pavillon/Picnic Shelter

COVERAGE INFORMATION

| COVERAGE/PERILS/FORMS | AMOUNT OF INSURANCE | DEDUCTIBLE |
|--|---------------------|--------------|
| Commercial Property Location Specific Coverages | | |
| Building #: 1 Club House Coverage: Building | 350,000 | \$500 |
| Cause: Special (Including Theft) | | |
| Coverage: Business Personal Property | 20,000 | \$500 |
| Cause: Special (Including Theft) | | |
| Building #: 2 Pavillon/Picnic Shelter Coverage: Building | 35,000 | \$500 |

REMARKS (Including Special Conditions)**CANCELLATION**

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW **30** DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

| | | |
|---|--|--|
| NAME AND ADDRESS Spring Lakes At the Woodlands Property Owners Association Po Box 4991 Martinsville, VA 24115 | MORTGAGEE | ADDITIONAL INSURED |
| | LOSS PAYEE | <input checked="" type="checkbox"/> Insured |
| | LOAN # | |
| | AUTHORIZED REPRESENTATIVE <i>Barnes F. Hurd</i> | |