ACORD [®] CERTIFICATE OF LIABILITY INSURANCE									DATE (MM/DD/YYYY) 03/08/2023		
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).											
PROD	UCER BURT INSURANCE AGC			CONTACT NAME: Cecil							
6801 FALLS OF NEUSE ROAD SUITE 106					PHONE		6-8006	FAX (A/C, No):		
RALFIGH NC 27615					E-MAIL ADDRESS: cecil@cecilburt.com						
				INSURER(S) AFFORDING COVERAGE					NAIC #		
						INSURER A : State Farm Fire and Casualty Company				25143	
INSUR	INSURED DUTCHESS VILLAGE HOA					INSURER B :					
	P.O. BOX 1149					INSURER C :					
APEX, NC 27502-3149					INSURER D :						
COVERAGES CERTIFICATE 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		DDL SUBR ISR WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)		LIMITS			
A			1	93-BC-5517-0		07/11/2022	07/11/2023	EACH OCCURRENCE	\$	1,000,000	
	× COMMERCIAL GENERAL LIABILITY			1				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	CLAIMS-MADE X 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	
				1				Building COMBINED SINGLE LIMIT	\$	8,500	
								(Ea accident) BODILY INJURY (Per person)	\$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per acciden			
	AUTOS AUTOS HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	⁹ 5 \$		
	AUTOS								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE		JI	1				AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS ER	1-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)			J				E.L. DISEASE - EA EMPLOYE	E \$		
	DESCRIPTION OF OPERATIONS below			1				E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
Prop	arty location cover is Bay Oak Dr Can	NC	2751	1							
Property location cover is Bay Oak Dr Cary, NC 27511.											
CERTIFICATE HOLDER						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					
						Autumn. Eda					
						Autumn Edge					