



POWELL, ANGELI & LANGFORD  
I N S U R A N C E

Powell, Angeli and Langford Insurance  
5540 Centerview Drive, Suite 400  
Raleigh, NC 27606

January 7, 2010

Dear Walden Townes Unit Owner,

The Board of Directors has recently renewed your master insurance policy for Walden Townes. Enclosed is a certificate of insurance outlining the policy number and coverages. If you need a certificate of insurance for your mortgage company, please fax the request to 1-866-233-7589 or email us at [coi@palnc.com](mailto:coi@palnc.com).

If you have any other questions, feel free to call our agency at 919-828-6883.

Sincerely,

Kim Angeli



# CERTIFICATE OF LIABILITY INSURANCE

OP IDMT  
WALDE-1DATE (MM/DD/YYYY)  
01/11/10

<b>INSURER</b> Powell, Angoli and Langford 5540 Centorview Dr., Ste. 400 Raleigh NC 27606 Phone: 919-828-6883 Fax: 866-233-7589	<b>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.</b>																		
<b>INSURED</b> Walden Townes Homeowners Assoc C/O R.S. Fincher and Company PO BOX 1117 Apex NC 27502	<table border="1"> <thead> <tr> <th colspan="2">INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A</td> <td>Farmers Insurance Group</td> <td></td> </tr> <tr> <td>INSURER B</td> <td></td> <td></td> </tr> <tr> <td>INSURER C</td> <td></td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> <td></td> </tr> </tbody> </table>	INSURERS AFFORDING COVERAGE		NAIC #	INSURER A	Farmers Insurance Group		INSURER B			INSURER C			INSURER D			INSURER E		
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## 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 FOR 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 PREVIOUS CLAIMS.

NAIC	ADDITIONAL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EE DISE: \$200k <input checked="" type="checkbox"/> D&O GEN AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	604787610	12/27/09	12/27/10	EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence): \$75,000 MED EXP (Any one person): \$5000 PERSONAL & AUTO INJURY: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS - COMM/OP AGG: \$1,000,000 <b>D&amp;O</b> : \$1,000,000
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident): \$ BODILY INJURY (Ea person): \$ BODILY INJURY (Ea accident): \$ PROPERTY DAMAGE (Ea accident): \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT: \$ OTHER THAN AUTO ONLY: EA ACC: \$ AGG: \$
A		<b>EXCESS UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION: \$	604788855	12/27/09	12/27/10	EACH OCCURRENCE: \$1,000,000 AGGREGATE: \$1,000,000
		<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROVISIONS FOR FURTHER BENEFITS OR OTHER BENEFITS ARE NOT COVERED BY THIS POLICY. If you describe the number of employees, please describe below.				<input type="checkbox"/> WC STATUS <input type="checkbox"/> OTHER <input type="checkbox"/> POLICY LIMITS <input type="checkbox"/> OTHER E.E. EACH ACCIDENT: \$ E.E. DISEASE - EA EMPLOYEE: \$ E.E. DISEASE - POLICY LIMIT: \$
A		<b>PROPERTY</b> Replacement Cost	604787610	12/27/09	12/27/10	BUILDINGS: \$19,682,150 Deductible: \$2,500

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

CERTIFICATE HOLDER	CANCELLATION
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Unit Owners' Copy	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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.
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