October 6, 2025

Jay & Margaret Krowicki 364 CALHOUN RD DAHLONEGA GA 30533

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А	CCO	unt	intoi	rmati	on:

	Lontact Us		
Policy Holder Details : JMK Properties, LLC	Need Help?		
	Chat online or call us at		
	(866) 467-8730.		
	We're here Monday - Friday.		

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/06/2025

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 be endorsed. If SUBROGATIONIS 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).

conter rights to the certificate no	ider in ned of Such endorseine	:iii(5).			
PRODUCER		CONTACT			
TURNER WOOD & SMITH AGENCY	INC/PHS	NAME:		1	
20262046		PHONE	(866) 467-8730	FAX	
		(A/C, No, Ext):		(A/C, No):	
The Hartford Business Service Center	r				
3600 Wiseman Blvd		E-MAIL			
San Antonio, TX 78251		ADDRESS:			
- Carry Wilding, 177 10201			INSURER(S) AFFORDING COVE	RAGE	NAIC#
INSURED		INSURER A:	Hartford Underwriters Insura	nce Company	30104
JMK Properties, LLC		INSURER B:	Sentinel Insurance Company	Ltd.	11000
270 APPLE RIDGE 2 DAWSONVILLE GA 30534-5140		INSURER C:			
DAVIGORVILLE GA 30304-3140		INSURER D:			
		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:		REVISION NU	MBER:	

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.

94 06/26/2025	06/26/2026	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person) PERSONAL & ADV INJURY  GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$1,000,000 \$10,000 \$1,000,000 \$2,000,000 \$2,000,000
94 06/26/2025	06/26/2026	PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE	\$10,000 \$1,000,000 \$2,000,000
94 06/26/2025	06/26/2026	PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,000,000 \$2,000,000
94 06/26/2025	06/26/2026	GENERAL AGGREGATE	\$2,000,000
		PRODUCTS - COMP/OP AGG	\$2,000,000
1		COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		BODILY INJURY (Per person)	
94 06/26/2025	06/26/2026	BODILY INJURY (Per accident)	
		PROPERTY DAMAGE	
		(Per accident)	
		FACH OCCURRENCE	\$1,000,000
04 00/00/0005	00/00/0000		\$1,000,000
94   06/26/2025	06/26/2026	7.COREONIE	Ψ1,000,000
		X PER OTH-ER	
	02/17/2026	E.L. EACH ACCIDENT	\$1,000,000
LH 02/17/2025		E.L. DISEASE -EA EMPLOYEE	\$1,000,000
		E.L. DISEASE - POLICY LIMIT	\$1,000,000
94 06/26/2025	06/26/2026	Each Claim Limit	\$25,000
00/20/2025	00/20/2020	Annual Aggregate Limit	\$25,000
	94 06/26/2025 LH 02/17/2025 94 06/26/2025	94 06/26/2025 06/26/2026 LH 02/17/2025 02/17/2026 94 06/26/2025 06/26/2026	94 06/26/2025 06/26/2026 BODILY INJURY (Per person)  94 06/26/2025 06/26/2026 BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)  EACH OCCURRENCE  AGGREGATE  X PER OTH-STATUTE ER  E.L. EACH ACCIDENT  E.L. DISEASE -EA EMPLOYEE  E.L. DISEASE -POLICY LIMIT  94 06/26/2025 06/26/2026 Each Claim Limit

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER	CANCELLATION
Jay & Margaret Krowicki	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
364 CALHOUN RD	BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED
DAHLONEGA GA 30533	IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Susan S. Castaneda

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