

Company: EMPLOYERS FIRE INSURANCE				Office: ASIC ATLANTA	
Transaction Type	Issue Date	Effective Date	Rex Number	Policy Number	File Number
NEW BUSINESS	05/05/2009	07/29/2009	2H36F2	FF 2U16555	9865968 1

NAMED INSURED and MAILING ADDRESS:

NORTHFALL PROFESSIONAL PARK
 CONDOMINIUM ASSOCIATION, INC.
 11775 NORTHFALL LN
 SUITE #106
 ALPHARETTA, GA 30009-7978

AGENCY NAME AND ADDRESS:

1000502
 Berger & Oneal Insurance Group
 10425 Old Alabama Road Conn Ste
 Alpharetta, GA 30022

Business: Condominium - Commercial - Retail
Form Of Ownership: Corporation
Policy Period: From: 07/29/2009 to 07/29/2010 at 12:01 AM Standard Time at the mailing address stated above.
SPECIAL INFORMATION

PLEASE READ THE DIRECTORS AND OFFICERS LIABILITY COVERAGE-CONDOMINIUM AND OTHER COMMUNITY ASSOCIATIONS FORM. IT PROVIDES INSURANCE ON A CLAIMS-MADE BASIS AND DEFENSE COSTS ARE INCLUDED WITHIN THE APPLICABLE LIMITS OF INSURANCE.

The Directors And Officers Liability Coverage for Condominiums And Other Community Associations is provided on a defense within limits basis. Defense costs are included within the Limit Of Insurance applicable to the Directors And Officers Liability insurance. This means that the applicable limit will be reduced by, and may be completely exhausted by, our payment for damages and/or legal defense costs. We will not be liable for legal defense costs or for the amount of any judgment or settlement after the Limit Of Insurance becomes completely exhausted by payment for damages and/or defense costs.

In return for the payment of all premiums, taxes, surcharges, recoupments and fees, and subject to all of the terms of this policy, we agree with you to provide the insurance stated in this policy.

Description

Commercial Property Coverage Part	Premiums
Commercial General Liability Coverage Part	\$10,480
Commercial Inland Marine Coverage Part	\$1,779
Extender Endorsement	Included
Certified Acts of Terrorism Coverage	\$83
	\$185
TOTAL PREMIUM:	\$12,527
Total Amount Due:	\$12,527.00

The Total Amount Due will be direct Installmatic billed.

Your complete policy consists of Declarations, Forms and Endorsements made a part of this policy. As of the effective date shown, this policy consists of this Declarations and all other Declarations, Forms and Endorsements listed in the Policy Forms Schedule.

LOCATION INFORMATION				
Prem. No.	Bldg. No.	Address	Occupancy	
001	001	11785 NORTHFALL LN, ALPHARETTA, GA 30004	Condominium	
001	002	11785 NORTHFALL LN, ALPHARETTA, GA 30004	Condominium	
001	003	11785 NORTHFALL LN, ALPHARETTA, GA 30004	Condominium	
001	004	11785 NORTHFALL LN, ALPHARETTA, GA 30004	Condominium	
001	005	11785 NORTHFALL LN, ALPHARETTA, GA 30004	Condominium	
001	006	11785 NORTHFALL LN, ALPHARETTA, GA 30004	Condominium	
001	007	11785 NORTHFALL LN, ALPHARETTA, GA 30004	Condominium	
001	008	11785 NORTHFALL LN, ALPHARETTA, GA 30004	Condominium	
001	009	11785 NORTHFALL LN, ALPHARETTA, GA 30004	Condominium	

Authorized Representative: _____ Date: _____

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LOCATION INFORMATION

Prem. No.	Bldg. No.	Address	Occupancy
001	010	11785 NORTHFALL LN, ALPHARETTA, GA 30004	Condominium
001	011	11785 NORTHFALL LN, ALPHARETTA, GA 30004	Condominium
001	012	11785 NORTHFALL LN, ALPHARETTA, GA 30004	Condominium

POLICY FORMS SCHEDULE

Form No.	Title
CG0001 1207	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0431 0998	YEAR 2000 COMPUTER RELATED & OTHER ELECTRONIC PROB
CG2147 1207	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2171 0608	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2426 0704	AMENDMENT OF INSURED CONTRACT DEFINITION
CG2657 0400	GEORGIA CHANGES-ADDITIONAL INSURED-CONDO ASSOC.
CG3201 1204	GEORGIA LIMITED FUNGI OR BACTERIA COVERAGE
CM0001 0900	COMMERCIAL INLAND MARINE CONDITIONS
CM0142 1200	GEORGIA CHANGES
CP0017 0402	CONDOMINIUM ASSOCIATION COVERAGE FORM
CP0030 0402	BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
CP0090 0788	COMMERCIAL PROPERTY CONDITIONS
CP0131 1103	GEORGIA CHANGES
CP0140 0706	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP1030 0402	CAUSES OF LOSS-SPECIAL FORM
CP1032 0808	WATER EXCLUSION ENDORSEMENT
G10779 0901	EXECUTION OF OFFICERS SIGNATURES
G12463 0600	BLANKET LIMITS-BUILDINGS & BUSINESS PERS PROP
G12831 0195	D & O LIAB COV CONDO & OTHER COMMUNITY ASSOCIATION
G12986 0895	ELECTRONIC DATA PROCESSING POLICY COVERAGE FORM
G12988 1295	ADDITIONAL COVERAGE ENDORSEMENT
G12995 0895	FLOOD EXCLUSION
G14522 0998	EXCL-YEAR 2000 COMPUTER RELATED & OTHER ELEC PROBL
G15138 1204	COMMERCIAL PACKAGE EXTENDER ENDORSEMENT
G15163 0602	COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS
G15164 0602	COMMERCIAL GENERAL LIABILITY COV PART DECLARATIONS
G15165 0602	COMMERCIAL INLAND MARINE COVERAGE PART DECLARATION
G15175 0602	EQUIPMENT BREAKDOWN ENDORSEMENT
G15243 0600	PROTECTIVE SAFEGUARDS

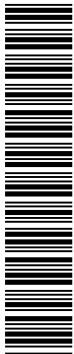
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POLICY FORMS SCHEDULE

Form No.	Title
G15253 0602	COMMON POLICY DECLARATIONS
G15345 0602	CONDOMINIUM PROGRAM AMENDATORY ENDORSEMENT
IL0003 0908	CALCULATION OF PREMIUM
IL0017 1198	COMMON POLICY CONDITIONS
IL0021 0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL0262 0908	GEORGIA CHANGES - CANCELLATION AND NONRENEWAL
IL0935 0702	EXCLUSION OF CERTAIN COMPUTER RELATED LOSSES
IL0952 0308	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL0985 0108	DISCLOSURE PURSUANT TO TERRORISM RISK INS ACT 2002

IMPORTANT NOTICES

Please read the very important notices that have been furnished with, but are not a part of, this policy.



**COMMERCIAL PROPERTY COVERAGE PART
 DECLARATIONS**

Company: EMPLOYERS FIRE INSURANCE				Office: ASIC ATLANTA		
Transaction Type	Issue Date	Effective Date	Rex Number	Policy Number	File Number	
NEW BUSINESS	05/05/2009	07/29/2009	2H36F2	FF 2U16555	9865968 1	
Scheduled Property Coverage (Applies only at the Buildings and Premises indicated)			Prem. No. 001 Bldg. No. 001		Prem. No. 001 Bldg. No. 002	

Covered Causes Of Loss:	Special	Special
Buildings:		
Limit Of Insurance:	\$1,553,700	\$538,800
Deductible Amount:	\$1,000	\$1,000
Valuation:	RCV	RCV
Coinsurance:	N/A	N/A
Automatic Increase:	4%	4%
Business Income Including Rental Value		
Limit Of Insurance:	ALS for 12 Months	ALS for 12 Months
Coinsurance:	N/A	N/A

OTHER COVERAGES:

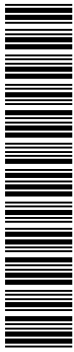
Accounts Receivable – Limit Of Insurance:	\$25,000	\$25,000
Extended Period Of Indemnity:	60	60
Valuable Papers And Records – Limit Of Insurance:	\$25,000	\$25,000

Scheduled Property Coverage (Applies only at the Buildings and Premises indicated)			Prem. No. 001 Bldg. No. 003		Prem. No. 001 Bldg. No. 004	
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Covered Causes Of Loss:	Special	Special
Buildings:		
Limit Of Insurance:	\$538,800	\$1,299,060
Deductible Amount:	\$1,000	\$1,000
Valuation:	RCV	RCV
Coinsurance:	N/A	N/A
Automatic Increase:	4%	4%
Business Income Including Rental Value		
Limit Of Insurance:	ALS for 12 Months	ALS for 12 Months
Coinsurance:	N/A	N/A

OTHER COVERAGES:

Accounts Receivable – Limit Of Insurance:	\$25,000	\$25,000
Extended Period Of Indemnity:	60	60
Valuable Papers And Records – Limit Of Insurance:	\$25,000	\$25,000



**COMMERCIAL PROPERTY COVERAGE PART
 DECLARATIONS**

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NEW BUSINESS	05/05/2009	07/29/2009	2H36F2	FF 2U16555	9865968 1	
Scheduled Property Coverage (Applies only at the Buildings and Premises indicated)			Prem. No. 001 Bldg. No. 005		Prem. No. 001 Bldg. No. 006	

Covered Causes Of Loss:	Special	Special
Buildings:		
Limit Of Insurance:	\$374,000	\$374,000
Deductible Amount:	\$1,000	\$1,000
Valuation:	RCV	RCV
Coinsurance:	N/A	N/A
Automatic Increase:	4%	4%
Business Income Including Rental Value		
Limit Of Insurance:	ALS for 12 Months	ALS for 12 Months
Coinsurance:	N/A	N/A

OTHER COVERAGES:

Accounts Receivable – Limit Of Insurance:	\$25,000	\$25,000
Extended Period Of Indemnity:	60	60
Valuable Papers And Records – Limit Of Insurance:	\$25,000	\$25,000

Scheduled Property Coverage (Applies only at the Buildings and Premises indicated)			Prem. No. 001 Bldg. No. 007		Prem. No. 001 Bldg. No. 008	
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Covered Causes Of Loss:	Special	Special
Buildings:		
Limit Of Insurance:	\$481,000	\$481,000
Deductible Amount:	\$1,000	\$1,000
Valuation:	RCV	RCV
Coinsurance:	N/A	N/A
Automatic Increase:	4%	4%
Business Income Including Rental Value		
Limit Of Insurance:	ALS for 12 Months	ALS for 12 Months
Coinsurance:	N/A	N/A

OTHER COVERAGES:

Accounts Receivable – Limit Of Insurance:	\$25,000	\$25,000
Extended Period Of Indemnity:	60	60
Valuable Papers And Records – Limit Of Insurance:	\$25,000	\$25,000



**COMMERCIAL PROPERTY COVERAGE PART
DECLARATIONS**

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Scheduled Property Coverage (Applies only at the Buildings and Premises indicated)			Prem. No. 001 Bldg. No. 009		Prem. No. 001 Bldg. No. 010	

Covered Causes Of Loss:	Special	Special
Buildings:		
Limit Of Insurance:	\$698,800	\$481,000
Deductible Amount:	\$1,000	\$1,000
Valuation:	RCV	RCV
Coinsurance:	N/A	N/A
Automatic Increase:	4%	4%
Business Income Including Rental Value		
Limit Of Insurance:	ALS for 12 Months	ALS for 12 Months
Coinsurance:	N/A	N/A

OTHER COVERAGES:

Accounts Receivable – Limit Of Insurance:	\$25,000	\$25,000
Extended Period Of Indemnity:	60	60
Valuable Papers And Records – Limit Of Insurance:	\$25,000	\$25,000

Scheduled Property Coverage (Applies only at the Buildings and Premises indicated)			Prem. No. 001 Bldg. No. 011		Prem. No. 001 Bldg. No. 012	
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Covered Causes Of Loss:	Special	Special
Buildings:		
Limit Of Insurance:	\$1,299,000	\$481,000
Deductible Amount:	\$1,000	\$1,000
Valuation:	RCV	RCV
Coinsurance:	N/A	N/A
Automatic Increase:	4%	4%
Business Income Including Rental Value		
Limit Of Insurance:	ALS for 12 Months	ALS for 12 Months
Coinsurance:	N/A	N/A

OTHER COVERAGES:

Accounts Receivable – Limit Of Insurance:	\$25,000	\$25,000
Extended Period Of Indemnity:	60	60
Valuable Papers And Records – Limit Of Insurance:	\$25,000	\$25,000

SCHEDULE OF COVERAGES APPLICABLE AT ALL LOCATIONS

Coverage	Limit Of Insurance
Appurtenant Structures:	\$10,000
Arson and Theft Reward:	\$5,000
Employee Dishonesty Coverage:	\$10,000
Expediting Expense:	\$25,000
Fine Arts	\$10,000
Fire Department Service Charge:	\$10,000
F.O.B. Shipments:	\$10,000
Forgery and Alteration Coverage:	\$10,000

**COMMERCIAL PROPERTY COVERAGE PART
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SCHEDULE OF COVERAGES APPLICABLE AT ALL LOCATIONS

Coverage	Limit Of Insurance
Money Orders and Counterfeit Paper Currency:	\$5,000
Money & Securities – Inside the Premises	\$10,000
Money & Securities – Outside the Premises	\$10,000
Newly Acquired Buildings:	\$500,000
Newly Acquired Business Personal Property:	\$250,000
Outdoor Property:	\$10,000
Personal Effects:	\$10,000
Preservation Expense:	\$25,000
Property in Transit:	\$25,000
Property Off Premises:	\$25,000
Recharge Costs:	\$5,000
Soft Costs:	\$10,000



**COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS**

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COMMERCIAL GENERAL LIABILITY COVERAGE PART						
Liability Coverage					Limit Of Insurance	

STANDARD COVERAGES

Each Occurrence:	\$2,000,000
Damage to Premises Rented to You (any one premises):	\$300,000
Personal and Advertising Injury (any one person or organization):	\$2,000,000
Medical Expenses (any one person):	\$5,000
General Aggregate (except Products and Completed Operations):	\$4,000,000
Products-Completed Operations Aggregate:	\$4,000,000

LIABILITY CLASSIFICATION SCHEDULE-STANDARD COVERAGES						
Description Of Classification	Class Code	Premises / Products	Rate Basis	Exposure Amount	Annual Final Rate	Advance Premium
Condominium - Commercial - Retail	69146A	PREMISES PRODUCTS	Area	16,200	38.909	\$631 Included
Condominium - Commercial - Office	60999	PREMISES PRODUCTS	Area	5,618	10.139	\$57 Included
Condominium - Commercial - Office	60999	PREMISES PRODUCTS	Area	5,618	10.139	\$57 Included
Condominium - Commercial - Office	60999	PREMISES PRODUCTS	Area	13,544	10.139	\$138 Included
Condominium - Commercial - Office	60999	PREMISES PRODUCTS	Area	3,900	10.139	\$40 Included
Condominium - Commercial - Office	60999	PREMISES PRODUCTS	Area	3,900	10.139	\$40 Included
Condominium - Commercial - Office	60999	PREMISES PRODUCTS	Area	5,016	10.139	\$51 Included



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LIABILITY CLASSIFICATION SCHEDULE-STANDARD COVERAGES

Description Of Classification	Class Code	Premises / Products	Rate Basis	Exposure Amount	Annual Final Rate	Advance Premium
Condominium - Commercial - Office	60999	PREMISES PRODUCTS	Area	5,016	10.139	\$51 Included
Condominium - Commercial - Office	60999	PREMISES PRODUCTS	Area	7,286	10.139	\$74 Included
Condominium - Commercial - Office	60999	PREMISES PRODUCTS	Area	5,016	10.139	\$51 Included
Condominium - Commercial - Office	60999	PREMISES PRODUCTS	Area	13,544	10.139	\$138 Included
Condominium - Commercial - Office	60999	PREMISES PRODUCTS	Area	5,016	10.139	\$51 Included

General Liability Premium Subject to Audit:

No

LIABILITY CLASSIFICATION SCHEDULE — OPTIONAL COVERAGE

Description Of Classification	Advance Premium
Directors & Officers Liability - Condos	\$400



COMMERCIAL INLAND MARINE COVERAGE PART
DECLARATIONS

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ELECTRONIC DATA PROCESSING COVERAGE

Prem. No.	Bldg. No.	Deductible	Valuation	Combined Single Limit (Electronic Equipment, Software, Surplus Equipment & Extra Expense)
001	001	\$500	Replacement Cost	\$10,000
001	002	\$500	Replacement Cost	\$10,000
001	003	\$500	Replacement Cost	\$10,000
001	004	\$500	Replacement Cost	\$10,000
001	005	\$500	Replacement Cost	\$10,000
001	006	\$500	Replacement Cost	\$10,000
001	007	\$500	Replacement Cost	\$10,000
001	008	\$500	Replacement Cost	\$10,000
001	009	\$500	Replacement Cost	\$10,000
001	010	\$500	Replacement Cost	\$10,000
001	011	\$500	Replacement Cost	\$10,000
001	012	\$500	Replacement Cost	\$10,000

