



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/15/2018

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Regions Insurance, Inc. 6000 Poplar Avenue, Suite 300 Memphis, TN 38119	CONTACT NAME: Memphis Certificates PHONE (A/C. No. Ext): (901) 684-3290 E-MAIL ADDRESS: memphiscert@regions.com	FAX (A/C. No.): (901) 530-1963	
	INSURER(S) AFFORDING COVERAGE		
INSURED Wilhoit Properties, Inc. ATTN: Bob Davidson P.O. Box 3737 GS Springfield MO 65808	INSURER A: Lexington Insurance Company		NAIC # 19437
	INSURER B: See Attached		
	INSURER C: Philadelphia Indemnity Insurance Company		18058
	INSURER D:		
	INSURER E:		

COVERAGES

CERTIFICATE NUMBER: 41917977

REVISION 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Deductible- \$2,500 <input checked="" type="checkbox"/> Terrorism Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			013-135-928	5/15/2018	5/15/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			013 -135-928	5/15/2018	5/15/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			See Attached	5/15/2018	5/15/2019	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Third Party Crime			PHSD1334358	5/15/2018	5/15/2019	See Attached

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

Re: Forest Grove Apartments 2350 Blackburn Rd SE Cleveland, TN 37311
 Additional Named Insured: Charterhouse II, LLC

CERTIFICATE HOLDER

Charterhouse II, LLC
 PO Box 3737 GS
 Springfield MO 65808

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

Jerry Martin

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ACORD 25 (2016/03)

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ADDITIONAL REMARKS SCHEDULE

AGENCY Regions Insurance, Inc.		NAMED INSURED Wilhoit Properties, Inc. ATTN: Bob Davidson P.O. Box 3737 GS Springfield MO 65808	
POLICY NUMBER PHSD1334358		EFFECTIVE DATE: 5/15/2018	
CARRIER Philadelphia Indemnity Insurance Company	NAIC CODE 18058		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER: Charterhouse II, LLC

ADDRESS: PO Box 3737 GS Springfield MO 65808

Employee Theft and Client Coverage \$500,000 Limit / \$10,000 Deductible

ERISA Fidelity \$500,000 Limit / Nil Deductible

Forgery or Alteration including credit,debit or charge card extension (\$25,000 limit)
 \$500,000 Limit of Insurance / \$10,000 Deductible

Inside the Premises \$500,000 limit / \$10,000 Deductible

Outside the Premises \$500,000 limit / \$10,000 Deductible

Money Orders and Counterfeit Paper Currency \$500,000 Limit / \$10,000 Deductible

Computer Fraud and Funds Transfer Fraud \$500,000 Limit / \$10,000 Deductible



ADDITIONAL REMARKS SCHEDULE

AGENCY Regions Insurance, Inc.		NAMED INSURED	
POLICY NUMBER See Attached			
CARRIER See Attached	NAIC CODE		
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER:

ADDRESS:

Retention applies only to those claims not covered by underlying insurance and not excluded by this policy. Terrorism coverage included. Umbrella follows form. 30 days notice of cancellation, 10 days for non payment of premium.

Umbrella Carriers:

James River Insurance Company #00083296-0 NAIC #12203 (\$5,000,000)
 Great American Assurance #EXC 2071129 NAIC #26344 (\$5,000,000 xs \$5,000,000)
 Fireman's Fund Ins. Co. #SHX00015346596 NAIC #21873 (\$15,000,000 xs \$10,000,000)