

# DeKalb County Historic Preservation Commission

Monday, April 15<sup>th</sup>, 2024- 6:00 P.M.

## Staff Report

### Consent Agenda

E. 1956 Westminster Way, Bernard Prepetit. Replace windows on a nonhistoric home. **1246963.**

Built in 1993 – Nonhistoric (18 051 02 003)

This property is located in the Emory Grove Character Area and is not located in a National Register Historic District.

- 05-03 1956 Westminster Way (DH), Joseph Ivansco, Jr. Build garage with upstairs studio attached to the back of the nonhistoric house. **Approved.**
- 10-03 1956 Westminster Way (DH), Joseph Ivansco. Modify existing CoA. Build storage shed with screened porch above it and an attached carport, rather than the two-story garage originally approved. **Approved.**

### Summary

Applicant proposes replacing five nonhistoric double-hung wood windows and a nonhistoric transom window on the front façade of a nonhistoric house. The windows will be replaced in kind with wood windows in the same style as the existing windows.

### Recommendation

**Defer.** The applicant did not provide documentation to show that the required signage for public notification was posted in a timely manner. If the applicant does not agree to a deferral, staff recommends denial based on Sec. 13.5-8(2) of the DeKalb County Code of Ordinances.

Sec. 13.5-8(2) of the DeKalb County Code of Ordinances: "Prior to reviewing an application for a certificate of appropriateness, the preservation commission shall take such action as may reasonably be required to inform the owners of any property likely to be affected materially by the application (i.e. any owner of adjoining property or owner of property whose property line is within two hundred fifty (250) feet of the applicant's property according to the DeKalb County tax records) and shall give the applicant and such owners an opportunity to be heard."

### Relevant Guidelines

- 5.0 *Design Review Objective* (p45) - When making a material change to a structure that is in view from a public right-of-way, a higher standard is required to ensure that design changes are compatible with the architectural style of the structure and retain character-defining features. When a proposed material change to a structure is not in view from the public-right-way, the Preservation Commission may review the project with a less strict standard so as to allow the owner more flexibility. Such changes, however, shall not have a substantial adverse effect on the overall architectural character of the structure.
- 6.1.4 *Windows* (p55) Guideline - Existing windows, including sashes, lights, lintels, sills, frames, molding, shutters, and all hardware should be retained and repaired through routine maintenance whenever possible. When deteriorated elements must be replaced, new elements should be compatible with the original in terms of material, design and hardware. Should it be necessary to replace an entire window, the replacement should be sized to the original opening and should duplicate all proportions and configurations of the original window.
- 11.0 *Nonhistoric Properties* (p93) Guideline - In reviewing an application for a Certificate of Appropriateness for a material change to a nonhistoric building, the Preservation Commission should evaluate the change for its potential impacts to

any historic development (architecture and natural and cultural landscapes) in the area of influence of the nonhistoric property. Guidelines presented in *Section 7.0: Additions and new Construction* are relevant to such evaluations.

Chief Executive Officer  
Michael Thurmond

## DEPARTMENT OF PLANNING & SUSTAINABILITY

Interim Director  
Cedric Hudson

### Application for Certificate of Appropriateness

Date submitted: \_\_\_\_\_ Date Received: \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

Applicant: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Applicant's relationship to the owner: Owner  Architect  Contractor/Builder  Other

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Owner(s): \_\_\_\_\_ Email: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Email: \_\_\_\_\_

Owner(s) Mailing Address: \_\_\_\_\_

Owner(s) Telephone Number: \_\_\_\_\_

Approximate date of construction of the primary structure on the property and any other structures affected by this project: \_\_\_\_\_

Nature of work (check all that apply):

- |                   |                          |                        |                          |                             |                          |
|-------------------|--------------------------|------------------------|--------------------------|-----------------------------|--------------------------|
| New construction  | <input type="checkbox"/> | New Accessory Building | <input type="checkbox"/> | Other Building Changes      | <input type="checkbox"/> |
| Demolition        | <input type="checkbox"/> | Landscaping            | <input type="checkbox"/> | Other Environmental Changes | <input type="checkbox"/> |
| Addition          | <input type="checkbox"/> | Fence/Wall             | <input type="checkbox"/> | Other                       | <input type="checkbox"/> |
| Moving a Building | <input type="checkbox"/> | Sign Installation      | <input type="checkbox"/> |                             |                          |

Description of Work:

This form must be completed in its entirety and be accompanied by supporting documents, such as plans, list of materials, color samples, photographs, etc. All documents should be in PDF format, except for photographs, which may be in JPEG format. Email the application and supporting material to [plansustain@dekalbcountyga.gov](mailto:plansustain@dekalbcountyga.gov) and [pjvennings@dekalbcountyga.gov](mailto:pjvennings@dekalbcountyga.gov). An incomplete application will not be accepted.

Signature of Applicant: \_\_\_\_\_

DEPARTMENT OF PLANNING & SUSTAINABILITY

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**Authorization of a Second Party to Apply for a Certificate of Appropriateness**

This form is required if the individual making the request is **not** the owner of the property.

I/ We: \_\_\_\_\_

being owner(s) of the property at: \_\_\_\_\_

hereby delegate authority to: \_\_\_\_\_

to file an application for a certificate of appropriateness in my/our behalf.

Signature of Owner(s): \_\_\_\_\_

Date: \_\_\_\_\_

**Please review the following information**

Approval of this Certificate of Appropriateness does not release the recipient from compliance with all other pertinent county, state, and federal regulations.

Before making any changes to your approved plans, contact the preservation planner (404/371- 2155). Some changes may fall within the scope of the existing approval, but others will require review by the preservation commission. If work is performed which is not in accordance with your certificate, a Stop Work Order may be issued.

If your project requires that the county issue a Certificate of Occupancy at the end of construction, an inspection may be made to verify that the work has been completed in accord with the Certificate of Appropriateness. If the work as completed is not the same as that approved in the Certificate of Appropriateness you will not receive a Certificate of Occupancy. You may also be subject to other penalties including fines and/or required demolition of the non-conforming work.

If you do not commence construction within twelve months of the date of approval, your Certificate of Appropriateness will become void and you will need to apply for a new certificate if you still intend to do the work.

## DEPARTMENT OF PLANNING & SUSTAINABILITY

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### How to Obtain a Certificate of Appropriateness

1. Contact the DeKalb County Department of Planning and Sustainability for an application form. You may make your request by email [plansustain@dekalbcountyga.gov](mailto:plansustain@dekalbcountyga.gov) AND [rlbragg@dekalbcountyga.gov](mailto:rlbragg@dekalbcountyga.gov), telephone (404) 371-2247, or fax (404) 371-2813, or visit the website at <https://www.dekalbcountyga.gov/planning-and-sustainability/forms>.
2. Complete and submit the application. Please provide as much supporting material as possible, (plans, material, color samples, photos, etc.). All documents must be in PDF format except for photographs, which may be in JPEG format. Applications are accepted for a 10-day period each month. See page 3 (HPC Calendar). Email the application and supporting documents to [plansustain@dekalbcountyga.gov](mailto:plansustain@dekalbcountyga.gov) AND [rlbragg@dekalbcountyga.gov](mailto:rlbragg@dekalbcountyga.gov). If all documents are not provided the application will not be complete and will not be accepted.
3. The Preservation Planner will post a sign on the property at least ten days before the preservation commission meeting or coordinate sign posting with the applicant.
4. The Preservation Planner will visit the property as part of their review. The commission members may view the property from the right-of-way.
5. Applications will be reviewed by the DeKalb County Historic Preservation Commission at its monthly meeting. The Historic Preservation Commission meets on the third Monday at 6 p.m., via Zoom. In unusual circumstances meeting dates and location may be changed.
6. The Historic Preservation Commission may approve, approve with modifications or deny an application. The applicant or any affected person as defined by county code may appeal the decision to the DeKalb County Board of Commissioners. Please contact the Department of Planning and Sustainability if you wish to file an appeal. The Historic Preservation Commission is required to make a decision on an application within 45 days of the date of filing, although this time can be extended if the applicant agrees to a deferral.
7. Although not required, applicants are encouraged to attend the Historic Preservation Commission meetings. Applicants may make a presentation, but presentations are not required. The commissioners may have questions for the applicant.
8. Approval of a Certificate of Appropriateness does not release the recipient from compliance with all other county, state and federal regulations.

## DEPARTMENT OF PLANNING & SUSTAINABILITY

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### Design Checklist for a Certificate of Appropriateness

This checklist was created to help applicants prepare a complete application. Omissions and inaccurate information can lead to deferrals and/or denials of applications. Please review the checklist with the project's architect, designer, or builder. All items will not be applicable to all projects. New construction will involve all categories. One copy of drawings at scale (plus nine reduced sets) should be submitted.

Please address questions regarding applicability to your project to the DeKalb County Preservation Planner at 404-687-3945, e-mail [pvjennings@dekalbcountyga.gov](mailto:pvjennings@dekalbcountyga.gov) and [rlbragg@dekalbcountyga.gov](mailto:rlbragg@dekalbcountyga.gov).

Applicants are also referred to the DeKalb County website, <http://www.dekalbcountyga.gov/planning-and-sustainability/planning-sustainability>.

**I have reviewed the "Design Manual for the Druid Hills Local Historic District".**

**I have reviewed the DeKalb County Tree Ordinance.**

**I have reviewed applicable zoning codes regarding lot coverage, garage sizes, stream buffers.**

#### 1. General

- a. Label all drawings with the address of the site, owners' name, and contact phone number.
- b. Number all drawings.
- c. Include a graphic scale on reductions.
- d. Date all revisions.
- e. Indicate all unverified numbers with +/- signs
- f. Include photos of the existing condition of the property.

#### 2. Site Plan (existing and proposed) to include:

- a. Topographical plan with significant trees sized and located;
- b. Setback compared to adjacent houses (ask surveyor to show corners of adjacent houses);
- c. Distance between houses;
- d. Façade width to finished face of material;
- e. Grading and elevations across site;
- f. Dirt removal or regrading if more than 18";
- g. Tree protection plan;
- h. Tree removal and replacement plan

#### 3. Driveways and Walkways

- a. Location and relationship to house;
- b. Width;
- c. Material;
- d. Curb cut and apron width

**4. Fences & Retaining Walls**

- a. Placement on lot;
- b. Height of fence or wall. If retaining wall, height on both sides;
- c. Material;
- d. Railing if necessary

**5. Elevations and Floor Plans:** <<Indicate all unverified numbers with +/- signs>>

- a. Plans for all floors (drawn to scale, ¼"=1' preferred);
- b. House orientation on site plan;
- c. Scalable elevations for front, rear, left, right;
- d. Height, grade to ridge;
- e. Streetscape comparison showing heights of two flanking houses on each side;
- f. Height from grade to first floor level at all four corners;
- g. Height from grade or finished floor line to eaves at all four corners;
- h. Ceiling heights of each floor, indicating if rough or finished;
- i. Height of space between the ceiling and finished floor above;
- j. Two people of 5'-6" and 6' height shown;
- k. Landscaping plan

**6. Additions**

- a. Placement shown on elevations and floor plan;
- b. Visibility from rights-of-way and paths;
- c. Photos of all facades;
- d. Design proportioned to main house;
- e. Landscaping plan;
- f. Materials and their combinations

**7. Roof Plan**

- a. Shape and pitch of roof;
- b. Roofing material;
- c. Overhang;
- d. Louvers and vents;
- e. Chimney height and material

**8. Dormers**

- a. Construction details provided;
- b. Shape and size of dormer (show dimensions on drawings);
- c. Overhang;
- d. Size of window(s), with nominal size of sash (show dimensions on drawings)

**9. Skylights**

- a. Profile;
- b. Visibility from right-of-way;
- c. Material (plastic lens or glass);
- d. Shown in plan and elevation to scale

**10. Façade**

- a. Consistency in style;
- b. Materials and their combinations
  - brick size and color
  - stone type and color
  - fiber-cement (e.g., Hardie-plank) or wood siding
  - shake or shingle
  - other
- c. Height of foundation at corners;
- d. Ceiling heights comparable to area of influence: basement, first floor, second floor;
- e. Detailing: soldier course, brackets, fascia board; water table;
- f. Height from grade to roof ridge;
- g. Dimensions, proportions and placement of windows, doors

**11. Entrance**

- a. Height and width of door;
- b. Design of door (e.g., 6-panel, craftsman);
- c. Material of door;
- d. Overhang;
- e. Portico height;
- f. Size and height of columns or posts;
- g. Railing

**12. Windows**

- a. Consistent with original as well as the area of influence;
- b. Size and proportion similar to original;
- c. Pane orientation and size similar to original;
- d. Type (e.g., double hung, casement);
- e. Fenestration on walls visible from right-of-way;
- f. Simulated divided light (SDL) or true divided light (TDL): location of muntins between the glass, behind the glass or permanently affixed on exterior;
- g. Material of window and any cladding;
- h. Width of muntins compared to original (show dimensions on drawings);
- i. Shutters or canopies
- j. Dimensions of windows and doors.

**13. Materials**

- a. Show all materials and label them on drawings;
- b. Provide samples of brick or stone;
- c. Provide samples if new or unusual materials



**14. Garages / Accessory Buildings**

- a. Visibility from street;
- b. Placement on site;
- c. Scale, style appropriate for house;
- d. Show dimensions on drawings;
- e. Materials;
- f. Square footage appropriate for lot size;
- g. Garage door size and design
- h. Show height from grade to eaves and to top of roof

**15. Demolitions**

- a. Provide documentation from engineer concerning feasibility of rehabilitation;
- b. Provide photographs of structure to be demolished;
- c. Provide plan for proposed redevelopment

**Application Process Checklist**

This checklist is to ensure that applicants understand the Certificate of Appropriateness (COA) application process from beginning to end. Please verify that you have read over the process shown below and understand the procedures and timeline that will be followed for all submitted COA applications.

- Applications may only be submitted during the period specified on the calendar for each month. Once the filing deadline has passed and that period has expired, **no new applications will be accepted** to be heard at that month's commission meeting. If an application has not been submitted before the filing deadline, it cannot be submitted again until the next period for applications has opened.
- Additional materials submitted after the staff's report have been finalized and posted to the public will not be taken into consideration for the staff report. Staff reports will not be edited once finalized and published – any new materials may be submitted for the record for the commission but will not affect the staff's report for the application.
- Any additional materials submitted after the staff's report has been finalized and posted to the public may be added to the record for the historic preservation commission to review as supplemental materials for the submitted application. Supplemental materials includes:
  - Representative photos
  - Letters of support/opposition
  - Architectural drawings
  - Updated site plans

Supplemental materials **do not** include documents for new work to be added to the already submitted application. Any materials that propose new work that was not included in the original application, will not be added to the record. Any proposed new work that was not included in the original application will need to be included in a new application to be submitted for next month's commission meeting.

I have reviewed the information above and understand the Certificate of Appropriateness process.

I have reviewed the HPC calendar.



# Window Replacement Project

*Dekalb Historic*

**Marc & Jenniffer Thames – 1956 Westminster Way NE, Atlanta, GA 30307**

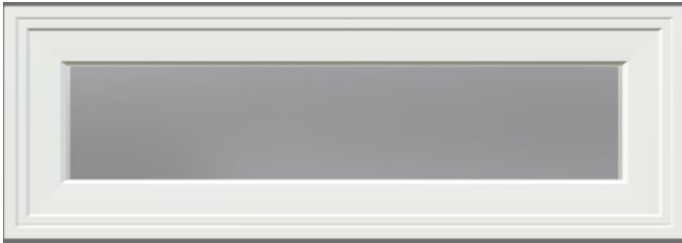
## **GENERAL:**

Renewal by Andersen (RbA) proposes to perform the following work in accordance with the specifications outlined below:

Replacement of 6 windows by Renewal by Andersen of Atlanta. New units will be custom built to fit existing framing; no architectural/structural modifications will be made. Windows are not built until HOA approval has been given, so we have no start date set, but installation will take 1 day. RbA will provide all labor, materials, equipment, supervision, and other related services necessary to complete the installation of our exclusive custom windows or doors.

## **SCOPE OF WORK:**

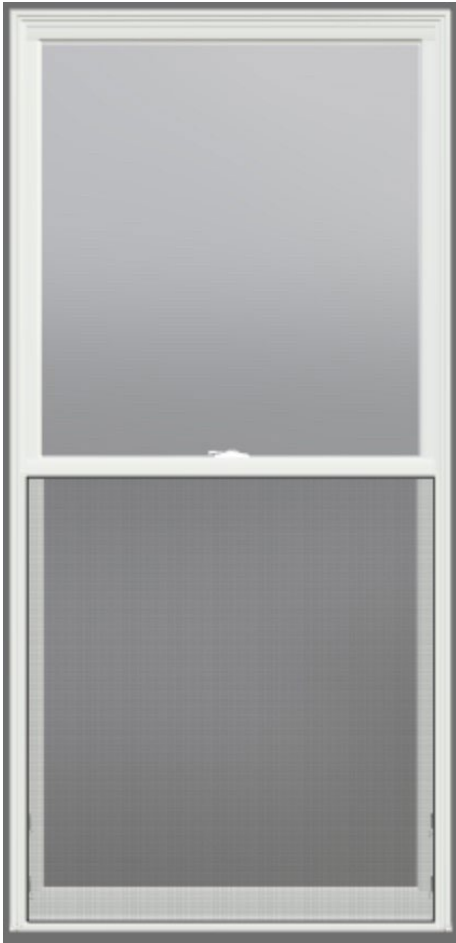
Replace windows as specified below:



This is a sample of a Picture Insert Frame window with a White exterior and no grilles.

***Glass will be clear not tinted.***

- Replacing 1 window in Room 1 (see line 106).



This is a sample of a Double-Hung window with a White exterior and interior no grilles. ***Glass will be clear not tinted.***

- Replacing 5 windows in Room 1 (see lines 101-105).

**EXTERIOR CAPPING COLOR:** White

**ESTIMATED START & COMPLETION DATES:** 10-12 weeks from date of HOA approval

**PREPARATION BY RBA:**

- 1) Cover all floors in work area with suitable covering to avoid damage to floor.
- 2) Cover all carpeted areas in work area with tarps.
- 3) Cover all furniture surrounding installation areas with canvas drop cloths.
- 4) Carefully remove all existing window(s).
- 5) Clean openings and replace any rotted wood in rough openings. Does not include replacement of any latent damaged wood outside rough opening area.

**MATERIALS/PRODUCTS:**

- 1) All windows are custom made by Renewal by Andersen in “Fibrex®” material.
- 2) All windows are custom built replacements.
- 3) All windows to have Low-E<sup>4</sup> High Performance Glass filled with Argon/Nitrogen gas for additional insulating ability.
- 4) All windows are Energy Star, National Fenestration Rating Council and Green Seal certified.
- 5) All windows to have Fiberglass full-size insect screens.
- 6) All sealant used will be waterproof silicone-based sealant.

Renewal by Andersen – 2725 Northwoods Parkway Suite C Norcross, Ga 30071 – 678-710-9038

**INSTALLATION:**

- 1) Estimated time of installation: 1 day.
- 2) All windows to be installed in accordance with Renewal by Andersen installation standards, using the highest quality materials available.
- 3) All work to be done in a professional workman-like manner.
- 4) Removal of all old windows and debris by RbA.
- 5) Leave premises broom clean.

For further examples/pictures of our products, you can access our website by visiting <https://www.renewalbyandersen.com>.

Our complete window catalog can be found [here](#).



# Itemized Order Receipt

**DBA: RENEWAL BY ANDERSEN OF ATLANTA**  
 Legal Name: Atlanta Custom Windows LLC  
 SC RBS64453  
 2005 Newpoint Place, Suite 100 | Lawrenceville, GA 30043  
 Phone: 678-710-9038 | Fax: 678-804-1859 | sales@rbaatlanta.com

**Marc Thames**  
 1956 Westminster Way NE  
 Atlanta, GA 30307  
 H: (602)625-4696

ID#:	ROOM:	SIZE:	DETAILS:	PRICE:
101	Room 1	35 W 73 H	<b>Window</b> Acclaim™ Double-Hung (DG) 1:1 Flat Sill, Insert Frame, Traditional Checkrail, Exterior White, Interior White, <b>Performance Calculator</b> PG Rating: 40   DP Rating: + 40 / - 40 <b>Glass</b> , All Sash: High Performance, No Pattern, <b>Hardware</b> , White, <b>Screen</b> , Fiberglass, Half Screen, <b>Grille Style</b> , No Grille, <b>Misc</b> , None ,	
102	Room 1	35 W 73 H	<b>Window</b> Acclaim™ Double-Hung (DG) 1:1 Flat Sill, Insert Frame, Traditional Checkrail, Exterior White, Interior White, <b>Performance Calculator</b> PG Rating: 40   DP Rating: + 40 / - 40 <b>Glass</b> , All Sash: High Performance, No Pattern, <b>Hardware</b> , White, <b>Screen</b> , Fiberglass, Half Screen, <b>Grille Style</b> , No Grille, <b>Misc</b> , None ,	
103	Room 1	35 W 73 H	<b>Window</b> Acclaim™ Double-Hung (DG) 1:1 Flat Sill, Insert Frame, Traditional Checkrail, Exterior White, Interior White, <b>Performance Calculator</b> PG Rating: 40   DP Rating: + 40 / - 40 <b>Glass</b> , All Sash: High Performance, No Pattern, <b>Hardware</b> , White, <b>Screen</b> , Fiberglass, Half Screen, <b>Grille Style</b> , No Grille, <b>Misc</b> , None ,	
104	Room 1	31 W 73 H	<b>Window</b> Acclaim™ Double-Hung (DG) 1:1 Flat Sill, Insert Frame, Traditional Checkrail, Exterior White, Interior White, <b>Performance Calculator</b> PG Rating: 40   DP Rating: + 40 / - 40 <b>Glass</b> , All Sash: High Performance, No Pattern, <b>Hardware</b> , White, <b>Screen</b> , Fiberglass, Half Screen, <b>Grille Style</b> , No Grille, <b>Misc</b> , None ,	
105	Room 1	31 W 73 H	<b>Window</b>	



# Itemized Order Receipt

**DBA: RENEWAL BY ANDERSEN OF ATLANTA**  
 Legal Name: Atlanta Custom Windows LLC  
 SC RBS64453  
 2005 Newpoint Place, Suite 100 | Lawrenceville, GA 30043  
 Phone: 678-710-9038 | Fax: 678-804-1859 | sales@rbaatlanta.com

**Marc Thames**  
 1956 Westminster Way NE  
 Atlanta, GA 30307  
 H: (602)625-4696

ID#:	ROOM:	SIZE:	DETAILS:	PRICE:
			Acclaim™ Double-Hung (DG) 1:1 Flat Sill, Insert Frame, Traditional Checkrail, Exterior White, Interior White, <b>Performance Calculator</b> PG Rating: 40   DP Rating: + 40 / - 40 <b>Glass</b> , All Sash: High Performance, No Pattern, <b>Hardware</b> , White, <b>Screen</b> , Fiberglass, Half Screen, <b>Grille Style</b> , No Grille, <b>Misc</b> , None ,	
<b>106</b>	Room 1	35 W 12 H	<b>Window</b> Acclaim™ Picture Insert Frame, Exterior White, Interior White, <b>Performance Calculator</b> PG Rating: 50   DP Rating: + 50 / - 50 <b>Glass</b> , All Sash: High Performance, No Pattern, <b>Grille Style</b> , No Grille, <b>Misc</b> , None ,	
<b>WINDOWS: 6    PATIO DOORS: 0    ENTRY DOORS: 0    SPECIALTY: 0    MISC: 0</b>				<b>TOTAL</b> <span style="background-color: black; color: black;">██████████</span>



*Renewal by Andersen is committed to our customers' safety by complying with the rules and lead-safe work practices specified by the EPA.*



2023

**BUSINESS OCCUPATIONAL  
TAX CERTIFICATE**

Business ID  
14899

License Number  
2023-1695

Date Issued  
04/06/2023

Date Expires  
03/31/2024

Finish Carpentry Contractors  
(NOT TRANSFERABLE)

CITY OF PEACHTREE CORNERS  
310 TECHNOLOGY PKWY  
PEACHTREE CORNERS, GA 30092

FOR OPERATION IN THE CITY OF PEACHTREE CORNERS,  
GEORGIA SUBJECT TO ZONING RESTRICTIONS AND ALL  
OTHER CODES AND RESOLUTIONS OF THE MAYOR AND  
CITY COUNCIL OF THE CITY OF PEACHTREE CORNERS,  
GEORGIA. THIS LICENSE IS A MERE PRIVILEGE SUBJECT  
TO BE SUSPENDED OR REVOKED, AND IS SUBJECT TO  
ANY FURTHER ORDINANCES WHICH MAY BE ENACTED

Valid for Business Shown Below Only:

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**BUSINESS NAME / ADDRESS:**

RENEWAL BY ANDERSEN OF ATLANTA  
2725 NORTHWOODS PKWY STE C  
PEACHTREE CORNERS GA 30071

**CORPORATE / MAILING ADDRESS:**

ATLANTA CUSTOM WINDOWS, LLC  
2725 NORTHWOODS PKWY, STE C  
PEACHTREE CORNERS, GA 30071

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**MUST POST IN A CONSPICUOUS LOCATION**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/25/2024

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).

<b>PRODUCER</b> Sanford Insurance, LLC 4468 Forsyth Rd.  Macon GA 31210	<b>CONTACT NAME:</b> Lara Miller <b>PHONE (A/C, No, Ext):</b> (478) 471-4221 <b>E-MAIL ADDRESS:</b> lmillers@sanfordusa.com	<b>FAX (A/C, No):</b> (478) 471-4222
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Atlanta Custom Windows, LLC, DBA: Renewal by Anderson 2005 Newpoint Place, Suite 100 Lawrenceville, GA 30043	<b>INSURER A:</b> Utical National Assurance Company	10687
	<b>INSURER B:</b> Republic Franklin Insurance Company	12475
	<b>INSURER C:</b> Business First Insurance Company	11697
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL2412513498      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y	Y	CPP5504039	05/01/2023	05/01/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 3,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>	Y	Y	5504041	05/01/2023	05/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						Uninsured motorist	\$ 1,000,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>	Y	Y	CULP5511186	05/01/2023	05/01/2024	COMBINED SINGLE LIMIT EACH OCCURRENCE	\$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 0							
C	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A	Y	521-21440	01/31/2024	01/31/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

Certificate Holder is Additional Insured as per attached endorsements.

Workers Compensation-There are NO Officer Exclusions under this policy.

**CERTIFICATE HOLDER****CANCELLATION**

Renewal by Andersen, LLC  
 1075 Broad Ripple Ave  
 Suite 313  
 Indianapolis IN 46220

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

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## Additional Named Insureds

Other Named Insureds

Renewal by Anderson

Doing Business As

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
RENEWAL BY ANDERSON, LLC, C/O MYCOI, 1075 BROAD RIPPLE AVE., SUITE 313, INDIANAPOLIS, IN, 46220	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
RENEWAL BY ANDERSON, LLC C/O MYCOI, 1075 BROAD RIPPLE AVE., SUITE 313, INDIANAPOLIS, IN, 46220	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

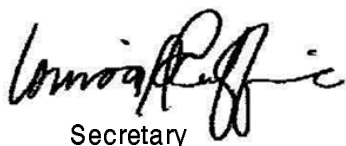
THIS NOTICE WITH THE COVERAGE FORM(S), DECLARATIONS PAGE AND  
ENDORSEMENT(S), IF ANY, COMPLETES YOUR POLICY.

**UTICA NATIONAL ASSURANCE COMPANY**

**DIVIDEND PROVISION- PARTICIPATING COMPANIES:**

The named insured shall be entitled to participate in a distribution of the surplus of the Company, as determined and approved by its Board of Directors from time to time.

**IN WITNESS WHEREOF**, the Utica National Assurance Company has caused this policy to be signed by its chief executive officer and secretary at New Hartford, New York, and countersigned on the declarations page by a duly authorized representative of the company.

  
Secretary

  
Chief Executive Officer

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PROVIDE NOTICE OF CANCELLATION  
TO ANOTHER ENTITY**

This policy is subject to the following (Note: If this policy consists of more than one Coverage Part, separate notices are **not** required for each Coverage Part):

**SCHEDULE**

<b>Entity</b>	<b>Number Of Days</b>
RENEWAL BY ANDERSON, LLC C/O MYCOI 1075 BROAD RIPPLE AVE., SUITE 313 INDIANAPOLIS IN 46220	30
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

1. If this insurance is cancelled, whether at your request or ours, we will endeavor to provide the entity shown in the Schedule with written notice of such cancellation within the number of days shown in the Schedule.
2. However, failure on our part to provide such notice shall not delay the effective date of cancellation of this insurance.



**UTICA NATIONAL INSURANCE GROUP**

Republic-Franklin Insurance Company

180 Genesee Street  
New Hartford, NY 13413

Producer Number: G9881  
Producer: McGriff Ins Services, LLC  
P.O. Box 28530  
Macon, GA 31221-8530

**ITEM ONE**

**POLICY NUMBER:** 5504041

**NAMED INSURED:** Atlanta Custom Windows LLC DBA Renewal by Andersen of Atlanta

**ADDRESS:** 2005 NewPoint Place Ste. 100  
LAWRENCEVILLE, GA 30043

**FORM OF BUSINESS:** LLC

**BUSINESS DESCRIPTION:** Door and Window Installation Contractors

**POLICY PERIOD:** FROM 05/01/2023 TO 05/01/2024 12:01 A.M. Standard Time at your address shown above.

In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**COMMERCIAL AUTO COVERAGE PART — DECLARATIONS**

**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only the following coverages which are indicated by a premium entry. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Auto Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS <small>(Entry of one or more symbols shows which autos are covered autos)</small>	LIMITS <small>THE MOST WE WILL PAY FOR ONE ACCIDENT OR LOSS (if no entry, see ITEM THREE)</small>	PREMIUM
LIABILITY	1	\$1,000,000	\$43,413
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-Fault Cov.)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS Deductible	
NEW YORK P.I.P. TOTAL (See New York Supplemental Declarations 8-E-1821) ADDED P.I.P. (or equivalent added No-Fault Cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan Only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS Deductible FOR EACH ACCIDENT	
AUTO MEDICAL PAYMENTS	2	\$5,000	\$3,532
MEDICAL EXP. & INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT	
UNINSURED MOTORISTS OR SUPPLEMENTARY UNINSURED MOTORISTS (SUM) (NY ONLY) (If Supplemental Declarations 8-E-1892 is attached)	7	\$1,000,000	\$2,625
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage) (Not for NY)			
PHYSICAL DAMAGE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS:	
COMPREHENSIVE	7 8	See Sche Deductible FOR EACH COVERED AUTO FOR ALL LOSS EXCEPT FIRE OR LIGHTING	\$3,727
SPECIFIED CAUSES OF LOSS		Deductible FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	
COLLISION	7 8	See Sche Deductible FOR EACH COVERED AUTO	\$9,545
TOWING AND LABOR	7 8	each disablement of a private passenger auto	\$0

**FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART:** See 8-S-1018

PREMIUM FOR ENDORSEMENTS \$250

ESTIMATED TOTAL PREMIUM \$63,142

*Sharon C Peck*

Authorized Representative

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORMS (S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY. Includes copyrighted material of Insurance Services Offices, Inc., with its permission. Copyright, Utica Mutual Insurance Company, 2003.

**DECLARATIONS - Continued**

Policy No. 5504041

**ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN**

**Auto No. 1** 2014 Dodge Grand Cara **COST NEW** \$24,000 **CLASS** 01489 **GVW** **AGE** **RADIUS**  
**VIN No.** 2C4RDGBG0ER357545 **OR SYMBOL** **GCW** **GROUP** **MILES** 50 **USE** S

Principal Garaging: St. GA Ter. 125 Twn. PEACHTREE  
 2725 NORTHWOODS PKWY STE C, PEACHTREE  
 Loss Payee: Enterprise FM Trust  
 PO Box 16805  
 SAINT LOUIS MO 63105  
 Except for towing all physical damage loss is payable to you and the loss payee  
 Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	LIABILITY	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Limit	\$1,000,000	Ded.		Limit	Limit \$5,000	Ded.	Limit
Premium	\$2,149				\$172		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp;</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>	<u>LABOR</u>	
Deductible	\$1,000		\$1,000	Limit			
Premium	\$93		\$182	Premium			\$2,701

**Auto No. 2** 2013 Ford F-150 **COST NEW** \$30,000 **CLASS** 01489 **GVW** **AGE** **RADIUS**  
**VIN No.** 1FTNF1CF7DKE06815 **OR SYMBOL** **GCW** **GROUP** **MILES** 50 **USE** S

Principal Garaging: St. GA Ter. 125 Twn. PEACHTREE  
 2725 NORTHWOODS PKWY STE C, PEACHTREE  
 Loss Payee: Enterprise FM Trust  
 PO Box 16805  
 SAINT LOUIS MO 63105  
 Except for towing all physical damage loss is payable to you and the loss payee  
 Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	LIABILITY	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Limit	\$1,000,000	Ded.		Limit	Limit \$5,000	Ded.	Limit
Premium	\$2,149				\$172		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp;</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>	<u>LABOR</u>	
Deductible	\$1,000		\$1,000	Limit			
Premium	\$107		\$217	Premium			\$2,750

**Auto No. 3** 2015 Toyota Tacoma **COST NEW** \$40,000 **CLASS** 01489 **GVW** **AGE** **RADIUS**  
**VIN No.** 5TFTX4GN9FX405388 **OR SYMBOL** **GCW** **GROUP** **MILES** 50 **USE** S

Principal Garaging: St. GA Ter. 125 Twn. PEACHTREE  
 2725 NORTHWOODS PKWY STE C, PEACHTREE  
 Loss Payee: Enterprise FM Trust  
 PO Box 16805  
 SAINT LOUIS MO 63105  
 Except for towing all physical damage loss is payable to you and the loss payee  
 Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	LIABILITY	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Limit	\$1,000,000	Ded.		Limit	Limit \$5,000	Ded.	Limit
Premium	\$2,066				\$172		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp;</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>	<u>LABOR</u>	
Deductible	\$1,000		\$1,000	Limit			
Premium	\$123		\$260	Premium			\$2,726

**Auto No. 4** 2015 Toyota Tacoma **COST NEW** \$22,500 **CLASS** 01489 **GVW** **AGE** **RADIUS**  
**VIN No.** 5TFTX4GN1FX044395 **OR SYMBOL** **GCW** **GROUP** **MILES** 50 **USE** S

Principal Garaging: St. GA Ter. 125 Twn. PEACHTREE C  
 2725 NORTHWOODS PKWY STE C, PEACHTREE (I  
 Loss Payee: Enterprise FM Trust  
 PO Box 16805  
 SAINT LOUIS MO 63105  
 Except for towing all physical damage loss is payable to you and the loss payee  
 Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	LIABILITY	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Limit	\$1,000,000	Ded.		Limit	Limit \$5,000	Ded.	Limit
Premium	\$2,066				\$172		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp;</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>	<u>LABOR</u>	
Deductible	\$1,000		\$1,000	Limit			
Premium	\$100		\$199	Premium			\$2,642



**DECLARATIONS - Continued**

Policy No.

**ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN**

**Auto No. 5** 2007 GMC W4500 COST NEW OR SYMBOL **\$33,996** CLASS **21489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. J8DC4B16577015030

Principal Garaging: St. **GA** Ter. **125** Twn. **PEACHTREE** Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.  
**2725 NORTHWOODS PKWY STE C, PEACHTREE** Enterprise FM Trust  
 PO Box 16805  
 SAINT LOUIS MO 63105

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	LIABILITY	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
	\$1,000,000	Ded.		Limit	Limit \$5,000	Ded.	Limit
Premium	\$2,262				\$172		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		STATED AMOUNT	TOWING &	
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>	<u>LABOR</u>	<u>TOTAL PREMIUM</u>
Deductible	\$1,000		\$1,000	Limit			
Premium	\$61		\$128	Premium			\$2,728

**Auto No. 6** 2021 Ford F-150 COST NEW OR SYMBOL **\$35,050** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTEX1CB7MKD68061

Principal Garaging: St. **GA** Ter. **114** Twn. **WARNER ROB** Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.  
**230 Margie Dr Ste 100, WARNER ROBINS, G**

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	LIABILITY	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
	\$1,000,000	Ded.		Limit	Limit \$5,000	Ded.	Limit
Premium	\$911				\$76		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		STATED AMOUNT	TOWING &	
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>	<u>LABOR</u>	<u>TOTAL PREMIUM</u>
Deductible	\$1,000		\$1,000	Limit			
Premium	\$131		\$356	Premium			\$1,579

**Auto No. 7** 2021 Ford F-150 COST NEW OR SYMBOL **\$35,050** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTEX1CBXMKD79152

Principal Garaging: St. **GA** Ter. **114** Twn. **WARNER ROB** Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.  
**230 Margie Dr Ste 100, WARNER ROBINS, G**

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	LIABILITY	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
	\$1,000,000	Ded.		Limit	Limit \$5,000	Ded.	Limit
Premium	\$911				\$76		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		STATED AMOUNT	TOWING &	
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>	<u>LABOR</u>	<u>TOTAL PREMIUM</u>
Deductible	\$1,000		\$1,000	Limit			
Premium	\$131		\$356	Premium			\$1,579

**Auto No. 8** 2021 Ford F-150 COST NEW OR SYMBOL **\$35,050** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTEX1CB1MKD79153

Principal Garaging: St. **GA** Ter. **114** Twn. **WARNER ROBI** Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.  
**230 Margie Dr Ste 100, WARNER ROBINS, GA 3108**

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	LIABILITY	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
	\$1,000,000	Ded.		Limit	Limit \$5,000	Ded.	Limit
Premium	\$911				\$76		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		STATED AMOUNT	TOWING &	
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>	<u>LABOR</u>	<u>TOTAL PREMIUM</u>
Deductible	\$1,000		\$1,000	Limit			
Premium	\$131		\$356	Premium			\$1,579

**DECLARATIONS - Continued**

Policy No.

**ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN**

**Auto No. 9** 2021 Ford F-150 COST NEW OR SYMBOL **\$33,838** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTMF1CB7MKD96585  
 Principal Garaging: St. **GA** Ter. **125** Twn. **PEACHTREE**  
**2725 NORTHWOODS PKWY STE C, PEACHTREE**  
 Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	Limit	<b>\$5,000</b>	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$2,066</b>	Ded.				<b>\$172</b>	Ded.	Limit
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>			<u>STATED AMOUNT</u>	<u>TOWING &amp; LABOR</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)					<u>SUBJECT TO CA9928</u>		
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit				<b>\$2,942</b>
Premium	<b>\$165</b>		<b>\$434</b>	Premium				

**Auto No. 10** 2021 Ford F-150 COST NEW OR SYMBOL **\$34,423** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTMF1CB9MKD44097  
 Principal Garaging: St. **GA** Ter. **125** Twn. **PEACHTREE**  
**2725 NORTHWOODS PKWY STE C, PEACHTREE**  
 Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	Limit	<b>\$5,000</b>	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$2,066</b>	Ded.				<b>\$172</b>	Ded.	Limit
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>			<u>STATED AMOUNT</u>	<u>TOWING &amp; LABOR</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)					<u>SUBJECT TO CA9928</u>		
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit				<b>\$2,942</b>
Premium	<b>\$165</b>		<b>\$434</b>	Premium				

**Auto No. 11** 2021 Ford F-150 COST NEW OR SYMBOL **\$35,050** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTEX1CB9MKE21441  
 Principal Garaging: St. **GA** Ter. **114** Twn. **WARNER ROB**  
**230 Margie Dr Ste 100, WARNER ROBINS, G**  
 Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	Limit	<b>\$5,000</b>	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$911</b>	Ded.				<b>\$76</b>	Ded.	Limit
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>			<u>STATED AMOUNT</u>	<u>TOWING &amp; LABOR</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)					<u>SUBJECT TO CA9928</u>		
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit				<b>\$1,579</b>
Premium	<b>\$131</b>		<b>\$356</b>	Premium				

**Auto No. 12** 2021 Ford F-150 COST NEW OR SYMBOL **\$36,655** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTMF1CB3MKD58674  
 Principal Garaging: St. **GA** Ter. **125** Twn. **PEACHTREE C**  
**2725 NORTHWOODS PKWY STE C, PEACHTREE (**  
 Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	Limit	<b>\$5,000</b>	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$2,066</b>	Ded.				<b>\$172</b>	Ded.	Limit
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>			<u>STATED AMOUNT</u>	<u>TOWING &amp; LABOR</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)					<u>SUBJECT TO CA9928</u>		
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit				<b>\$2,942</b>
Premium	<b>\$165</b>		<b>\$434</b>	Premium				

**DECLARATIONS - Continued**

Policy No.

**ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN**

**Auto No. 13** 2021 Ford F-150 COST NEW OR SYMBOL **\$36,655** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTMF1CB1MKD58673  
 Principal Garaging: St. **GA** Ter. **125** Twn. **PEACHTREE**  
**2725 NORTHWOODS PKWY STE C, PEACHTREE** Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$2,066</b>	Ded.		Limit	Limit <b>\$5,000</b>	Ded.	Limit
					<b>\$172</b>		
<u>COMPREHENSIVE</u>				<u>STATED AMOUNT</u>		<u>TOWING &amp; LABOR</u>	
(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>		<u>TOTAL PREMIUM</u>	
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit			
Premium	<b>\$165</b>		<b>\$434</b>	Premium			<b>\$2,942</b>

**Auto No. 14** 2021 Ford F-150 COST NEW OR SYMBOL **\$28,940** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTMF1CBXMKD64214  
 Principal Garaging: St. **GA** Ter. **114** Twn. **WARNER ROB**  
**230 Margie Dr Ste 100, WARNER ROBINS, G** Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$911</b>	Ded.		Limit	Limit <b>\$5,000</b>	Ded.	Limit
					<b>\$76</b>		
<u>COMPREHENSIVE</u>				<u>STATED AMOUNT</u>		<u>TOWING &amp; LABOR</u>	
(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>		<u>TOTAL PREMIUM</u>	
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit			
Premium	<b>\$131</b>		<b>\$356</b>	Premium			<b>\$1,579</b>

**Auto No. 15** 2021 Ford F-150 COST NEW OR SYMBOL **\$35,050** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTEX1CB2MFB75339  
 Principal Garaging: St. **GA** Ter. **114** Twn. **WARNER ROB**  
**230 Margie Dr Ste 100, WARNER ROBINS, G** Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$911</b>	Ded.		Limit	Limit <b>\$5,000</b>	Ded.	Limit
					<b>\$76</b>		
<u>COMPREHENSIVE</u>				<u>STATED AMOUNT</u>		<u>TOWING &amp; LABOR</u>	
(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>		<u>TOTAL PREMIUM</u>	
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit			
Premium	<b>\$131</b>		<b>\$356</b>	Premium			<b>\$1,579</b>

**Auto No. 16** 2021 Eagle Cargo 8.5X 16TA COST NEW OR SYMBOL **\$8,073** CLASS **68489** GVW GCW AGE GROUP RADIUS MILES **50** USE **C**  
 VIN No. 7FWBE162XM1017605  
 Principal Garaging: St. **GA** Ter. **125** Twn. **PEACHTREE C**  
**2725 NORTHWOODS PKWY STE C, PEACHTREE (** Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$225</b>	Ded.		Limit	Limit	Ded.	Limit
<u>COMPREHENSIVE</u>				<u>STATED AMOUNT</u>		<u>TOWING &amp; LABOR</u>	
(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>		<u>TOTAL PREMIUM</u>	
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit			
Premium	<b>\$48</b>		<b>\$97</b>	Premium			<b>\$370</b>

**DECLARATIONS - Continued**

Policy No.

**ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN**

**Auto No. 17** 2021 Ford F-150 COST NEW OR SYMBOL **\$34,455** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTMF1C53MKE72958  
 Principal Garaging: St. **GA** Ter. **114** Twn. **WARNER ROB** Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.  
**230 Margie Dr Ste 100, WARNER ROBINS, G**

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$911</b>	Ded.		Limit	<b>\$5,000</b>	Ded.	Limit
					<b>\$76</b>		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp; LABOR</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>		
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit			<b>\$1,579</b>
Premium	<b>\$131</b>		<b>\$356</b>	Premium			

**Auto No. 18** 2021 Ford F-150 COST NEW OR SYMBOL **\$34,455** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTMF1CB4MKE72926  
 Principal Garaging: St. **GA** Ter. **125** Twn. **PEACHTREE** Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.  
**2725 NORTHWOODS PKWY STE C, PEACHTREE**

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$2,066</b>	Ded.		Limit	<b>\$5,000</b>	Ded.	Limit
					<b>\$172</b>		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp; LABOR</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>		
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit			<b>\$2,942</b>
Premium	<b>\$165</b>		<b>\$434</b>	Premium			

**Auto No. 19** 2021 Ford F-150 COST NEW OR SYMBOL **\$35,726** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTMF1CB7MKE72967  
 Principal Garaging: St. **GA** Ter. **114** Twn. **WARNER ROB** Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.  
**230 Margie Dr Ste 100, WARNER ROBINS, G**

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$911</b>	Ded.		Limit	<b>\$5,000</b>	Ded.	Limit
					<b>\$76</b>		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp; LABOR</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>		
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit			<b>\$1,579</b>
Premium	<b>\$131</b>		<b>\$356</b>	Premium			

**Auto No. 20** 2021 Ford F-150 COST NEW OR SYMBOL **\$35,726** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTMF1CB9MKE72968  
 Principal Garaging: St. **GA** Ter. **125** Twn. **PEACHTREE C** Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.  
**2725 NORTHWOODS PKWY STE C, PEACHTREE C**

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$2,066</b>	Ded.		Limit	<b>\$5,000</b>	Ded.	Limit
					<b>\$172</b>		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp; LABOR</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>		
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit			<b>\$2,942</b>
Premium	<b>\$165</b>		<b>\$434</b>	Premium			

**DECLARATIONS - Continued**

Policy No.

**ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN**

**Auto No. 21** 2021 Ford F-150 COST NEW OR SYMBOL **\$35,726** CLASS **01489** GVV GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTMF1CB0MKE72969  
 Principal Garaging: St. **GA** Ter. **125** Twn. **PEACHTREE**  
**2725 NORTHWOODS PKWY STE C, PEACHTREE**  
 Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$2,066</b>	Ded.		Limit	Limit <b>\$5,000</b>	Ded.	Limit
					<b>\$172</b>		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp; LABOR</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>		
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit			
Premium	<b>\$165</b>		<b>\$434</b>	Premium			<b>\$2,942</b>

**Auto No. 22** 2022 Quality Cargo E COST NEW OR SYMBOL **\$8,531** CLASS **68489** GVV GCW AGE GROUP RADIUS MILES **50** USE **C**  
 VIN No. 50ZBE1625NN032522  
 Principal Garaging: St. **GA** Ter. **125** Twn. **PEACHTREE**  
**2725 NORTHWOODS PKWY STE C, PEACHTREE**  
 Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$225</b>	Ded.		Limit	Limit	Ded.	Limit
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp; LABOR</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>		
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit			
Premium	<b>\$48</b>		<b>\$97</b>	Premium			<b>\$370</b>

**Auto No. 23** 2022 Ford F-150 COST NEW OR SYMBOL **\$38,096** CLASS **01489** GVV GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTMF1C54NKD32225  
 Principal Garaging: St. **GA** Ter. **125** Twn. **PEACHTREE**  
**2725 NORTHWOODS PKWY STE C, PEACHTREE**  
 Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$2,066</b>	Ded.		Limit	Limit <b>\$5,000</b>	Ded.	Limit
					<b>\$172</b>		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp; LABOR</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>		
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit			
Premium	<b>\$165</b>		<b>\$434</b>	Premium			<b>\$2,942</b>

**Auto No. 24** 2022 Ford F-150 COST NEW OR SYMBOL **\$39,311** CLASS **01489** GVV GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTMF1CB6NKF02204  
 Principal Garaging: St. **GA** Ter. **125** Twn. **PEACHTREE C**  
**2725 NORTHWOODS PKWY STE C, PEACHTREE (**  
 Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	<b>\$1,000,000</b>	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$2,066</b>	Ded.		Limit	Limit <b>\$5,000</b>	Ded.	Limit
					<b>\$172</b>		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp; LABOR</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>		
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit			
Premium	<b>\$165</b>		<b>\$434</b>	Premium			<b>\$2,942</b>

**DECLARATIONS - Continued**

Policy No.

**ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN**

**Auto No. 25** 2023 Ford F-150 COST NEW OR SYMBOL **\$37,915** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTMF1CB9PKD98522  
 Principal Garaging: St. **GA** Ter. **125** Twn. **PEACHTREE**  
**2725 NORTHWOODS PKWY STE C, PEACHTREE**  
 Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	LIABILITY	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$1,000,000</b>	Ded.		Limit	<b>\$5,000</b>	Ded.	Limit
	<b>\$2,066</b>				<b>\$172</b>		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp;</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>	<u>LABOR</u>	
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit			
Premium	<b>\$165</b>		<b>\$434</b>	Premium			<b>\$2,942</b>

**Auto No. 26** 2023 Ford F-150 COST NEW OR SYMBOL **\$39,248** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTMF1CB4PKD98573  
 Principal Garaging: St. **GA** Ter. **125** Twn. **PEACHTREE**  
**2725 NORTHWOODS PKWY STE C, PEACHTREE**  
 Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	LIABILITY	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$1,000,000</b>	Ded.		Limit	<b>\$5,000</b>	Ded.	Limit
	<b>\$2,066</b>				<b>\$172</b>		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp;</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>	<u>LABOR</u>	
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit			
Premium	<b>\$165</b>		<b>\$434</b>	Premium			<b>\$2,942</b>

**Auto No. 27** 2023 Ford F-150 COST NEW OR SYMBOL **\$41,652** CLASS **01489** GVW GCW AGE GROUP RADIUS MILES **50** USE **S**  
 VIN No. 1FTEX1CB2PKE34021  
 Principal Garaging: St. **GA** Ter. **125** Twn. **PEACHTREE**  
**2725 NORTHWOODS PKWY STE C, PEACHTREE**  
 Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	LIABILITY	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium	<b>\$1,000,000</b>	Ded.		Limit	<b>\$5,000</b>	Ded.	Limit
	<b>\$2,066</b>				<b>\$172</b>		
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp;</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>	<u>LABOR</u>	
Deductible	<b>\$1,000</b>		<b>\$1,000</b>	Limit			
Premium	<b>\$199</b>		<b>\$628</b>	Premium			<b>\$3,170</b>

**Auto No.** COST NEW OR SYMBOL CLASS GVW GCW AGE GROUP RADIUS MILES USE  
 VIN No. Loss Payee: Except for towing all physical damage loss is payable to you and the loss payee Named below as interests may appear at the time of the loss.  
 Principal Garaging: St. Ter. Twn.

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

Limit	LIABILITY	P.I.P. SELECTION	O.B.E.L. (NY only)	ADDED P.I.P.	MED PAY	PROP. PROT. (MI only)	MED EXP & INC LOSS (VA only)
Premium		Ded.		Limit		Ded.	Limit
	<u>COMPREHENSIVE</u>	<u>SPEC. CAUSES</u>	<u>COLLISION</u>		<u>STATED AMOUNT</u>	<u>TOWING &amp;</u>	<u>TOTAL PREMIUM</u>
	(Limit Stated in ITEM TWO Minus Ded.)				<u>SUBJECT TO CA9928</u>	<u>LABOR</u>	
Deductible				Limit			
Premium				Premium			

**DECLARATIONS - Continued**

Policy No. 5504041

**ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE

<u>STATE</u>	<u>ESTIMATED COST OF HIRE FOR EACH STATE</u>	<u>RATE PER EACH \$100 COST OF HIRE</u>	<u>PREMIUM</u>
GA			\$86

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

**TOTAL PREMIUM** \$86

PHYSICAL DAMAGE COVERAGE

<u>COVERAGES</u>	<u>LIMIT OF LIABILITY THE MOST WE WILL PAY, AND DEDUCTIBLE APPLICABLE</u>	<u>RATE</u>	<u>MINIMUM PREMIUM</u>	<u>PREMIUM</u>
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS Ded. FOR EACH COVERED "AUTO," BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.			\$85
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS Ded. FOR EACH COVERED "AUTO" FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.			
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$500 Ded. FOR EACH COVERED "AUTO."			\$115
<b>TOTAL PREMIUM</b>				<u>\$ 200</u>

PHYSICAL DAMAGE COVERAGE for covered "autos" you hire or borrow is excess unless otherwise stated below.

**ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY**

<u>NAMED INSURED'S BUSINESS</u>	<u>RATING BASIS</u>	<u>NUMBER</u>	<u>PREMIUM</u>
OTHER THAN A SOCIAL SERVICE AGENCY	No. of Employees	25	\$105
	No. of Partners		
SOCIAL SERVICE AGENCY	No. of Employees		
	No. of Volunteers		
<b>TOTAL PREMIUM</b>			<u>\$105</u>

## SUPPLEMENTAL DECLARATIONS

Named Insured: Atlanta Custom Windows LLC DBA Renewal by Andersen of Atlanta

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

<u>FORM</u>	<u>EDITION</u>	<u>TITLE</u>
8DUBAC	Ed. 02-03	Business Auto Dec Page Coverage Information
8DUBAC	Ed. 02-03	Business Auto Dec Page Vehicle Information
8DUBAC	Ed. 02-03	Business Auto Dec Page DOC,HA,NOA Information
8S1018	Ed. 12-93	Endorsement Schedule
8S1021	Ed. 09-90	Named Insured Schedule
8E2002	Ed. 08-93	Notice Of Accident, Claim, Suit Or Loss
8E2003	Ed. 08-93	Knowledge Of Accident, Claim, Suit Or Loss
8E2004	Ed. 08-93	Cancellation Or Nonrenewal Change
8E2005	Ed. 08-93	Unintentional Failure To Disclose Hazards
CA9944	Ed. 12-93	Loss Payable Clause
IL0017	Ed. 11-98	Common Policy Conditions
CA0001	Ed. 10-01	Business Auto Coverage Form
8E2067	Ed. 05-94	Deductible Application - Unscheduled Autos
CA9903	Ed. 03-06	Auto Medical Payments Coverage
CA2001	Ed. 03-06	Lessor - Additional Insured And Loss Payee
IL0003	Ed. 09-08	Calculation Of Premium
8E3773	Ed. 03-11	Provide Notice Of Cancellation To Another Entity
8E2116	Ed. 01-95	Limited Auto Deductible Reimbursement
8E3517	Ed. 07-04	Additional Insured - Designated Person Or Organization
8E2419	Ed. 04-17	Commercial Automobile Extension Endorsement
CA0109	Ed. 10-04	Georgia Changes
CA3137	Ed. 01-09	Georgia Uninsured Motorists Coverage-Added On To At-Fault Liability
IL0262	Ed. 02-15	Georgia Changes - Cancellation And Nonrenewal
IL0021	Ed. 09-08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)



POLICY NUMBER: 5504041

COMMERCIAL AUTO  
COMMERCIAL GENERAL LIABILITY  
COMMERCIAL INLAND MARINE  
COMMERCIAL PROPERTY  
BUSINESSOWNERS  
CRIME

## **SUPPLEMENTAL DECLARATIONS**

Named Insured: Atlanta Custom Windows LLC DBA Renewal by Andersen of Atlanta

Schedule of Named Insureds

Atlanta Custom Windows LLC DBA Renewal by Andersen of Atlanta

POLICY NUMBER: 5504041

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PROVIDE NOTICE OF CANCELLATION  
TO ANOTHER ENTITY**

This policy is subject to the following (Note: If this policy consists of more than one Coverage Part, separate notices are **not** required for each Coverage Part):

**SCHEDULE**

<b>Entity</b>	<b>Number Of Days</b>
Renewal By Anderson, LLC. C/O myCOI 1075 Broad Ripple Ave., Suite 313 INDIANAPOLIS, IN 46220	30
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

1. If this insurance is cancelled, whether at your request or ours, we will endeavor to provide the entity shown in the Schedule with written notice of such cancellation within the number of days shown in the Schedule.
2. However, failure on our part to provide such notice shall not delay the effective date of cancellation of this insurance.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM

### **SCHEDULE**

**Name of Person or Organization:**

Renewal By Anderson, LLC., C/O myCOI, 1075 Broad Ripple Ave., Suite 313, Indianapolis, IN 46220

(Information required to complete the Schedule, if not shown on this endorsement, will be shown in the Declarations.)

**Section II - Who Is An Insured** is amended to include as an "insured" the person or organization shown in the Schedule, but only to the extent that such additional insured is held liable for your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your operations; or
- B.** In connection with your premises owned by or rented to you.

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

\*Blanket Waiver of Subrogation Applies\*

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

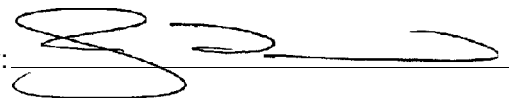
Date Prepared: November 7, 2023

Carrier: BusinessFirst Insurance Company

Effective Date of Endorsement: January 31, 2024

Policy Number: 521-21440

Countersigned by:

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke at the end.

Insured: Atlanta Custom Windows, LLC

**WC 00 03 13** (Ed. 4-84)



**dba: RENEWAL BY ANDERSEN OF ATLANTA**

Legal Name: Atlanta Custom Windows LLC | License # SC RBS64453  
2005 Newpoint Place, Suite 100 | Lawrenceville, GA 30043  
Phone: 678-710-9038 | Fax: 678-804-1859 | techmeasure@rbaatlanta.com  
Measure Tech: Johnny Hall,

**Marc Thames**

1956 Westminster Way NE  
Atlanta, GA 30307  
H: (602)625-4696

# Installation Package

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1956 Westminster Way NE

Atlanta, GA 30307

---

PRODUCTS: 6 WINDOWS: 6 PATIO DOORS: 0 ENTRY DOORS: 0 SPECIALTY: 0 MISC: 0  
*Updated 2/26/24*

---

**BUYER**

**Marc Thames**

1956 Westminster Way NE

Atlanta, GA 30307

H: (602)625-4696

Year Built:

mthamesmd@gmail.com

Est. Duration: 1 day

**REPRESENTATIVE**

**Andrew Henry**

(516)427-8655

ahenry@rbageorgia.com

**TECH MEASURE**

**Johnny Hall**

jhall@rbaatlanta.com

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# Order Summary

dba: RENEWAL BY ANDERSEN OF ATLANTA

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 Measure Tech: Johnny Hall,

**Marc Thames**

1956 Westminster Way NE  
 Atlanta, GA 30307  
 H: (602)625-4696

ID#	ROOM	SIZE		DETAILS
<b>JOB</b>				
101	Room 1	35" 35-3/4"	73" 73-1/2"	<b>Window:</b> Acclaim™ Double-Hung (DG), 1:1, Flat Sill, Insert Frame, Traditional Checkrail, Exterior White, Interior White <b>Performance Calculator:</b> PG Rating: 40   DP Rating: + 40 / - 40 <b>Glass:</b> All Sash: High Performance, No Pattern <b>Hardware:</b> White <b>Screen:</b> Fiberglass, Half Screen <b>Grille Style:</b> No Grille <b>Misc:</b> None <b>Construction:</b> None <b>Material:</b> None
102	Room 1	35" 35-3/4"	73" 73-1/2"	<b>Window:</b> Acclaim™ Double-Hung (DG), 1:1, Flat Sill, Insert Frame, Traditional Checkrail, Exterior White, Interior White <b>Performance Calculator:</b> PG Rating: 40   DP Rating: + 40 / - 40 <b>Glass:</b> All Sash: High Performance, No Pattern <b>Hardware:</b> White <b>Screen:</b> Fiberglass, Half Screen <b>Grille Style:</b> No Grille <b>Misc:</b> None <b>Construction:</b> None <b>Material:</b> None
103	Room 1	35" 35-3/4"	73" 73-1/2"	<b>Window:</b> Acclaim™ Double-Hung (DG), 1:1, Flat Sill, Insert Frame, Traditional Checkrail, Exterior White, Interior White <b>Performance Calculator:</b> PG Rating: 40   DP Rating: + 40 / - 40 <b>Glass:</b> All Sash: High Performance, No Pattern <b>Hardware:</b> White <b>Screen:</b> Fiberglass, Half Screen <b>Grille Style:</b> No Grille <b>Misc:</b> None <b>Construction:</b> None <b>Material:</b> None
104	Room 1	31" 31-3/4"	73" 73-1/2"	<b>Window:</b> Acclaim™ Double-Hung (DG), 1:1, Flat Sill, Insert Frame, Traditional Checkrail, Exterior White, Interior White <b>Performance Calculator:</b> PG Rating: 40   DP Rating: + 40 / - 40 <b>Glass:</b> All Sash: High Performance, No Pattern <b>Hardware:</b> White <b>Screen:</b> Fiberglass, Half Screen <b>Grille Style:</b> No Grille <b>Misc:</b> None <b>Construction:</b> None <b>Material:</b> None
105	Room 1	31" 31-3/4"	73" 73-1/2"	<b>Window:</b> Acclaim™ Double-Hung (DG), 1:1, Flat Sill, Insert Frame, Traditional Checkrail, Exterior White, Interior White <b>Performance Calculator:</b> PG Rating: 40   DP Rating: + 40 / - 40 <b>Glass:</b> All Sash: High Performance, No Pattern <b>Hardware:</b> White <b>Screen:</b> Fiberglass, Half Screen <b>Grille Style:</b> No Grille <b>Misc:</b> None <b>Construction:</b> None <b>Material:</b> None
106	Room 1	35" 35-3/4"	12" 11-1/2"	<b>Window:</b> Acclaim™ Picture, Insert Frame, Exterior White, Interior White <b>Performance Calculator:</b> PG Rating: 50   DP Rating: +



# Order Summary

dba: RENEWAL BY ANDERSEN OF ATLANTA

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Measure Tech: Johnny Hall,

**Marc Thames**

1956 Westminster Way NE  
Atlanta, GA 30307  
H: (602)625-4696

ID#	ROOM	SIZE	DETAILS
-----	------	------	---------

50 / - 50 **Glass:** All Sash: High Performance, No Pattern **Grille Style:** No  
**Grille Misc:** None **Construction:** None **Material:** None

**PRODUCTS: 6 WINDOWS: 6 PATIO DOORS: 0 ENTRY DOORS: 0 SPECIALTY: 0 MISC: 0**

Updated 2/26/24

## JOB NOTES

New customer = / Historical District / R&R = {6} wood out windows = 1 - day install...

All on front wall of house first floor level...

Replace any Rottenwood around windows as needed ...

Traditional checkrails and / NO grilles / and {HALF - SCREENS} confirmed at measure {3} Times...

L - trim finish confirmed @ measure...

**Estimated Duration: 1 days**

## JOB PHOTOS



Image 1



Image 2



# 101

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**Marc Thames**

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Atlanta, GA 30307  
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# 101

**Room 1**  
**35-3/4" W 73-1/2" H**  
**Window, Double-Hung (DG)**



**Window:** Acclaim™ Double-Hung (DG), 1:1, Flat Sill, Insert Frame, Traditional Checkrail, Exterior White, Interior White

**Performance Calculator:** PG Rating: 40 | DP Rating: + 40 / - 40 **Glass:** All Sash: High Performance, No Pattern **Hardware:** White **Screen:** Fiberglass, Half Screen **Grille Style:** No Grille **Misc:** None **Construction:** None **Material:** None

### UNIT NOTES

### UNIT CONSTRUCTION

### UNIT MATERIALS

### UNIT PHOTOS



Image 1



Image 2





# 102

dba: RENEWAL BY ANDERSEN OF ATLANTA

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Measure Tech: Johnny Hall,

**Marc Thames**

1956 Westminster Way NE  
Atlanta, GA 30307  
H: (602)625-4696

# 102

**Room 1**  
**35-3/4" W 73-1/2" H**  
**Window, Double-Hung (DG)**



**Window:** Acclaim™ Double-Hung (DG), 1:1, Flat Sill, Insert Frame, Traditional Checkrail, Exterior White, Interior White

**Performance Calculator:** PG Rating: 40 | DP Rating: + 40 / - 40 **Glass:** All Sash: High Performance, No Pattern **Hardware:**

White **Screen:** Fiberglass, Half Screen **Grille Style:** No Grille **Misc:** None **Construction:** None **Material:** None

## UNIT NOTES

## UNIT CONSTRUCTION

## UNIT MATERIALS

## UNIT PHOTOS



Image 1



Image 2



# 103

dba: RENEWAL BY ANDERSEN OF ATLANTA

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Measure Tech: Johnny Hall,

**Marc Thames**

1956 Westminster Way NE  
Atlanta, GA 30307  
H: (602)625-4696

# 103 Room 1

35-3/4" W 73-1/2" H  
Window, Double-Hung (DG)



**Window:** Acclaim™ Double-Hung (DG), 1:1, Flat Sill, Insert Frame, Traditional Checkrail, Exterior White, Interior White

**Performance Calculator:** PG Rating: 40 | DP Rating: + 40 / - 40 **Glass:** All Sash: High Performance, No Pattern **Hardware:**

White **Screen:** Fiberglass, Half Screen **Grille Style:** No Grille **Misc:** None **Construction:** None **Material:** None

## UNIT NOTES

## UNIT CONSTRUCTION

## UNIT MATERIALS

## UNIT PHOTOS



Image 1



Image 2



# 104

dba: RENEWAL BY ANDERSEN OF ATLANTA

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Measure Tech: Johnny Hall,

Marc Thames

1956 Westminster Way NE  
Atlanta, GA 30307  
H: (602)625-4696

# 104

Room 1  
31-3/4" W 73-1/2" H  
Window, Double-Hung (DG)



**Window:** Acclaim™ Double-Hung (DG), 1:1, Flat Sill, Insert Frame, Traditional Checkrail, Exterior White, Interior White

**Performance Calculator:** PG Rating: 40 | DP Rating: + 40 / - 40 **Glass:** All Sash: High Performance, No Pattern **Hardware:**

White **Screen:** Fiberglass, Half Screen **Grille Style:** No Grille **Misc:** None **Construction:** None **Material:** None

## UNIT NOTES

## UNIT CONSTRUCTION

## UNIT MATERIALS

## UNIT PHOTOS



Image 1



Image 2



# 105

dba: RENEWAL BY ANDERSEN OF ATLANTA

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Measure Tech: Johnny Hall,

**Marc Thames**

1956 Westminster Way NE  
Atlanta, GA 30307  
H: (602)625-4696

# 105 Room 1

31-3/4" W 73-1/2" H  
Window, Double-Hung (DG)



**Window:** Acclaim™ Double-Hung (DG), 1:1, Flat Sill, Insert Frame, Traditional Checkrail, Exterior White, Interior White

**Performance Calculator:** PG Rating: 40 | DP Rating: + 40 / - 40 **Glass:** All Sash: High Performance, No Pattern **Hardware:**

White **Screen:** Fiberglass, Half Screen **Grille Style:** No Grille **Misc:** None **Construction:** None **Material:** None

## UNIT NOTES

## UNIT CONSTRUCTION

## UNIT MATERIALS

## UNIT PHOTOS



Image 1



Image 2



# 106

dba: RENEWAL BY ANDERSEN OF ATLANTA

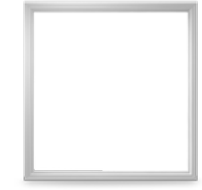
Legal Name: Atlanta Custom Windows LLC | License # SC RBS64453  
2005 Newpoint Place, Suite 100 | Lawrenceville, GA 30043  
Phone: 678-710-9038 | Fax: 678-804-1859 | techmeasure@rbaatlanta.com  
Measure Tech: Johnny Hall,

**Marc Thames**

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Atlanta, GA 30307  
H: (602)625-4696

# 106

**Room 1**  
**35-3/4" W 11-1/2" H**  
**Window, Picture**



**Window:** Acclaim™ Picture, Insert Frame, Exterior White, Interior White **Performance Calculator:** PG Rating: 50 | DP Rating: +50 / - 50 **Glass:** All Sash: High Performance, No Pattern **Grille Style:** No Grille **Misc:** None **Construction:** None **Material:** None

## UNIT NOTES

## UNIT CONSTRUCTION

## UNIT MATERIALS

## UNIT PHOTOS



Image 1



Image 2



Image 3



# Buyer Acknowledgement

dba: RENEWAL BY ANDERSEN OF ATLANTA

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Measure Tech: Johnny Hall,

**Marc Thames**

1956 Westminster Way NE  
Atlanta, GA 30307  
H: (602)625-4696

## CONTRACT and ADDENDUMS

Your Windows and Doors will be delivered per the written contract and any signed Change Orders or Addendum.

It is the responsibility of the homeowner to review the detailed description of the windows in the contract for color, hardware, style, glass type, screens, and other design features. If you wish to change anything prior to the order date of the windows, you must reach out to your Sales Representative and request a written amendment to the contract. The ability to request any and all changes will close 24 hours from your Technical Measure Appointment

## PAINTING

Any painting, staining, or wallpapering which may be needed is **NOT** included in this agreement unless specifically noted. We can refer you to a painting contractor and any work agreed upon, payment, and warranties, would be between the homeowner and the painting contractor.

## BLINDS / SHADES / INTERIOR SHUTTERS

Renewal by Andersen of Atlanta does **NOT** guarantee the fit of the original window or door coverings after the new units are installed.

Removal and reinstallation of window coverings are solely the responsibility of the customer unless otherwise noted. In the event that, on the homeowners' request, Renewal by Andersen of Atlanta removes or reinstalls window treatments where they currently exist, every attempt to do so without damage will be made, however Renewal by Andersen of Atlanta is not responsible for damage, should it occur.

## ALARM SYSTEMS

Renewal by Andersen of Atlanta is **NOT** authorized to perform work on alarms and thereby is not responsible for alarms. We are able to pull, if available, the existing wiring to the front of the window, to allow your alarm service provider, the option to reconnect with surface mounted contacts. If necessary, we will make every attempt to coordinate with your local alarm provider.

## UNSEEN DAMAGE

Please note that we are unable to bid on repairing any unseen damage. However, if any unseen damage is discovered during installation, we will pause your project and notify you of the work that needs to be completed before completion of your project. We are unable to provide quotes for or complete any structural repairs.

## Buyer

Signature

## Marc Thames

Name

**03/08/24**

Date

The homeowner reviewed and signed this order during the measure appointment.

A representative for the homeowner reviewed and signed this order during the measure appointment.

The order was not signed during the measure appointment.

# Materials Checklist

**Marc Thames**

1956 Westminster Way NE

Atlanta, GA 30307

H: (602)625-4696

CATEGORY	DESCRIPTION	QUANTITY
----------	-------------	----------

This list includes the sum total all of the materials for the entire job.

CUSTOM	<b>Caulk / white = 12 tubes</b>	.. 1 PER UNIT <input type="checkbox"/>
CUSTOM	<b>Foam = 1</b>	.. 1 PER UNIT <input type="checkbox"/>
CUSTOM	<b>L - trim / white = 14</b>	.. 1 PER UNIT <input type="checkbox"/>
CUSTOM	<b>Flat trim / white = 14</b>	.. 1 PER UNIT <input type="checkbox"/>
CUSTOM	<b>Brick mold = 6 pieces</b>	.. 1 PER UNIT <input type="checkbox"/>
CUSTOM	<b>Sill nose = 3 pieces</b>	.. 1 PER UNIT <input type="checkbox"/>
CUSTOM	<b>Sub sill =3 pieces</b>	.. 1 PER UNIT <input type="checkbox"/>

# Installation Invoice

Marc Thames  
1956 Westminster Way NE  
Atlanta, GA 30307  
H: (602)625-4696

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
-------------	----------	------------	-------

## Base Unit Installation Charges, Full Frame & EJ Frame

## Base Unit Installation Charges, Insert Frame & Base Frame

Install Double-Hung Window-DG (Base Frame), 100-109.99 UI	5	\$0.00	\$0.00
Install Picture Window (Insert Frame), 40-49.99 UI	1	\$0.00	\$0.00

## Base Unit Installation Charges, Patio Doors

## Base Unit Installation Charges, Entry Doors

## Construction Charges

<b>SUBTOTAL</b>	<b>\$</b>	<b>0.00</b>
-----------------	-----------	-------------

## Additional Items

<b>ADDITIONAL</b>	<b>\$</b>	
-------------------	-----------	--

<b>TOTAL</b>	<b>\$</b>	
--------------	-----------	--





# Product Order Form

dba: RENEWAL BY ANDERSEN OF ATLANTA

Legal Name: Atlanta Custom Windows LLC | License # SC RBS64453  
 2005 Newpoint Place, Suite 100 | Lawrenceville, GA 30043  
 Phone: 678-710-9038 | Fax: 678-804-1859 | techmeasure@rbaatlanta.com  
 Measure Tech: Johnny Hall,

**Marc Thames**  
 1956 Westminster Way NE  
 Atlanta, GA 30307  
 H: (602)625-4696

Sales	Andrew Henry
Tech	Johnny Hall

Windows	6
Specialty	0
Patio Doors	0
Entry Doors	0
Misc.	0

Floor Plan ID#	Product	Insert Frame	Ext. Jamb	Ext. Trim	Checkrail Style	Perf. Upgrade	Exact Order Width	Exact Order Height	Sill Angle	Sash Ratio	Ext. Color	Int. Color	Glazing S1	Glazing S2	Glazing S3	Lifts	Locks	Sash Oper.	Hardware	Hardware Style	Grill Pattern	Grille Type	Lites S1/S3	Lites S2	Screen Type
101	DG,I	YES	NO		Traditional	NO	35 3/4"	73 1/2"	FS	DG 1:1	WH	WH	HP	HP			1		Standard	White					HF
<b>Additional Options:</b> NORMAL OPENING									<b>Misc:</b> None								<b>Order Notes:</b>								

Floor Plan ID#	Product	Insert Frame	Ext. Jamb	Ext. Trim	Checkrail Style	Perf. Upgrade	Exact Order Width	Exact Order Height	Sill Angle	Sash Ratio	Ext. Color	Int. Color	Glazing S1	Glazing S2	Glazing S3	Lifts	Locks	Sash Oper.	Hardware	Hardware Style	Grill Pattern	Grille Type	Lites S1/S3	Lites S2	Screen Type
102	DG,I	YES	NO		Traditional	NO	35 3/4"	73 1/2"	FS	DG 1:1	WH	WH	HP	HP			1		Standard	White					HF
<b>Additional Options:</b> NORMAL OPENING									<b>Misc:</b> None								<b>Order Notes:</b>								

Floor Plan ID#	Product	Insert Frame	Ext. Jamb	Ext. Trim	Checkrail Style	Perf. Upgrade	Exact Order Width	Exact Order Height	Sill Angle	Sash Ratio	Ext. Color	Int. Color	Glazing S1	Glazing S2	Glazing S3	Lifts	Locks	Sash Oper.	Hardware	Hardware Style	Grill Pattern	Grille Type	Lites S1/S3	Lites S2	Screen Type
103	DG,I	YES	NO		Traditional	NO	35 3/4"	73 1/2"	FS	DG 1:1	WH	WH	HP	HP			1		Standard	White					HF
<b>Additional Options:</b> NORMAL OPENING									<b>Misc:</b> None								<b>Order Notes:</b>								



# Product Order Form

dba: RENEWAL BY ANDERSEN OF ATLANTA

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 Measure Tech: Johnny Hall,

Marc Thames  
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 Atlanta, GA 30307  
 H: (602)625-4696

Floor Plan ID#	Product	Insert Frame	Ext. Jamb	Ext. Trim	Checkrail Style	Perf. Upgrade	Exact Order Width	Exact Order Height	Sill Angle	Sash Ratio	Ext. Color	Int. Color	Glazing S1	Glazing S2	Glazing S3	Lifts	Locks	Sash Oper.	Hardware	Hardware Style	Grill Pattern	Grille Type	Lites S1/S3	Lites S2	Screen Type
104	DG,I	YES	NO		Traditional	NO	31 3/4"	73 1/2"	FS	DG 1:1	WH	WH	HP	HP			1		Standard	White					HF
<b>Additional Options:</b> NORMAL OPENING									<b>Misc:</b> None									<b>Order Notes:</b>							

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105	DG,I	YES	NO		Traditional	NO	31 3/4"	73 1/2"	FS	DG 1:1	WH	WH	HP	HP			1		Standard	White					HF
<b>Additional Options:</b> NORMAL OPENING									<b>Misc:</b> None									<b>Order Notes:</b>							

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106	PW,IF		NO			NO	35 3/4"	11 1/2"			WH	WH	HP				0								
<b>Additional Options:</b> NORMAL OPENING									<b>Misc:</b> None									<b>Order Notes:</b>							