



**Certificate of Insurance**

This is to certify that \_\_\_\_\_ is insured for the coverage and  
Name of Policyholder (s)

provisions of a Homeowners Policy policy under \_\_\_\_\_  
(Type of Policy) (Policy Number)

Section II Liability Coverages is hereby extended to the following location:

South Hampton Community Clubhouse Mount Pleasant SC 29464

(Name and/or Address of Location)

for the following specific period of time \_\_\_\_\_ and is subject to all terms, exclusions and conditions of the above  
(Date of Event)  
policy.

Personal Liability Limit \$ 300,000

Medical Payments to Others Limit \$ 1,000

Mail address if different from  
property address.

This certification or verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate or verification of insurance 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.

SECRETARY

PRESIDENT

Date 12/27/2017

Countersigned by:   
Authorized Representative