PROOF OF
BUILDER'S LIABILITY INSURANCE
Architectural Control Committee
StoneBridge Village

LOT _____ **SUBDIVISION** _____

BUILDER _____ **DATE** _____

Attach copies of the referenced policies to be current and in effect.

WORKMAN'S COMP.: Company _____

Agent _____

Effective Dates _____

BUILDER'S RISK: Company _____

Agent _____

Effective Dates _____

GENERAL LIABILITY: Company _____

Agent _____

Effective Dates _____

Builder's Signature: _____

Exhibit F