



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/23/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Weaver Bros. Ins. Associates 4550 Montgomery Ave., #300N Bethesda MD 20814	CONTACT NAME: PHONE (A/C. No. Ext): 301-986-4400	FAX (A/C. No): 844-669-5637
	E-MAIL ADDRESS: condocertificate@weaverbros.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Travelers Insurance Company		25658
INSURER B: Great American Ins. Co.		16691
INSURER C: Pennsylvania Manufacturers		12262
INSURER D: Philadelphia Indemnity Ins. Co.		18058
INSURER E:		
INSURER F:		

INSURED FAIRF-7
 Fairfield House Condominium
 C/O CMC
 P.O. Box 10821
 Chantilly VA 20153

COVERAGES

CERTIFICATE NUMBER: 1851165826

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-5F065469-19-42	1/23/2019	1/23/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			680-5F065469-19-42	1/23/2019	1/23/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			UM30114539	1/23/2019	1/23/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	2019010517581Y	1/7/2019	1/7/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Crime Directors & Officers			PCAC002812-0119 PCAP019971-0119	1/23/2019 1/23/2019	1/23/2020 1/23/2020	Employee Theft Liability 1,000,000 1,000,000

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

Building Limit: \$40,974,852 Travelers Policy # 680-5F065469-19-42 Term: 1/23/19 to 1/23/20

Special Form

Type of Coverage: Single Entity Coverage for unit interior to original plans and specifications. Coverage is extended to common areas and amenities.

Improvements & Betterments: Excluded

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Community Management Corporation (CMC)
 P.O. Box 10821
 Chantilly VA 20153

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 REMARKS SCHEDULE

AGENCY Weaver Bros. Ins. Associates		NAMED INSURED Fairfield House Condominium C/O CMC P.O. Box 10821 Chantilly VA 20153	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Personal Belongings: Excluded
 Unit Owner should purchase a HO-6 Condominium Owners policy for Improvements, personal belongings, liability, etc.
 100% Replacement Cost
 Coinsurance: None
 Property Deductible: \$5,000
 Number of Units: 190
 Inflation Guard: Not Included
 Wind / Hail: Included
 Ordinance or Law:
 Coverage A: \$40,974,852
 Coverage B & C: \$250,000
 Equipment Breakdown Coverage: Included
 Separation of Insureds / Severability of Interest is included in General Liability coverage
 Flood Limit: \$1,000,000
 Flood Deductible: \$25,000
 Earthquake Limit: \$1,000,000
 Earthquake Deductible: 5%
 Fidelity/Crime includes coverage for the contracted Property Manager.
 30 day notice of cancellation applies except 10 day notice for non-payment of premium.
 Associa, Community Management Corporation, Select Community Services, and their employees/representatives, are listed as additionally insured on the General Liability, D&O, Crime, Umbrella policies as required by written contractual agreement and per policy terms and conditions