



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/YY/YYYY)  
01/26/2021

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> Associations Insurance Agency, Inc. 5401 North Central Expressway, Suite 315 Dallas, TX 75205	CONTACT NAME: <b>Associations Insurance Agency, Inc.</b> PHONE: (866) 384-8579      FAX: (214) 751-2390 E-MAIL ADDRESS: <b>CertificateRequest@AssociationsInsuranceAgency.com</b> PRODUCER CUSTOMER ID: 00003921	
<b>INSURED</b> Fairfield House Condominiums c/o Community Management Corporation PO Box 10821 Chantilly VA 20153	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> American Alternative Insurance	
	<b>INSURER B:</b> PMA Insurance Group	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**  
 LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**TOTAL # OF UNITS: 190**

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	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>PROPERTY</b> CAUSES OF LOSS	<b>CAU515725-2</b>	<b>01/23/2021</b>	<b>01/23/2022</b>	<input checked="" type="checkbox"/> <b>BUILDING</b>	<b>\$</b> <b>GRC</b>
					<input type="checkbox"/> <b>PERSONAL PROPERTY</b>	<b>\$</b>
	<input type="checkbox"/> <b>BASIC</b>				<b>BUILDING</b>	<b>\$</b>
	<input type="checkbox"/> <b>BROAD</b>				<b>CONTENTS</b>	<b>\$</b>
	<input type="checkbox"/> <b>SPECIAL</b>				<b>\$5,000</b>	<b>\$</b>
	<input type="checkbox"/> <b>EARTHQUAKE</b>					<b>\$</b>
	<input type="checkbox"/> <b>NAMED WIND</b>					<b>\$</b>
	<input type="checkbox"/> <b>FLOOD</b>					<b>\$</b>
	<input type="checkbox"/> <b>WATER</b>					<b>\$</b>
	<input type="checkbox"/> <b>W/H DED. BB</b>					<b>\$</b>
<b>C</b>	<input checked="" type="checkbox"/> <b>WIND &amp; HAIL DED.</b>				<b>\$</b> <b>\$5,000 Per Unit</b>	
	<input checked="" type="checkbox"/> <b>ICE DAMMING DED.</b>				<b>\$</b> <b>\$5,000</b>	
	<input type="checkbox"/> <b>INLAND MARINE</b>	<b>TYPE OF POLICY</b>			<b>\$</b>	
	<input type="checkbox"/> <b>CAUSES OF LOSS</b>	<b>POLICY NUMBER</b>			<b>\$</b>	
	<input type="checkbox"/> <b>NAMED PERILS</b>				<b>\$</b>	
	<input type="checkbox"/>				<b>\$</b>	
	<input type="checkbox"/>				<b>\$</b>	
	<input type="checkbox"/>				<b>\$</b>	
<b>B</b>	<input checked="" type="checkbox"/> <b>CRIME</b> TYPE OF POLICY <b>Crime / Employee Theft</b>	<b>412101-05-17-58-1Y</b>	<b>01/23/2021</b>	<b>01/23/2022</b>	<input checked="" type="checkbox"/> <b>EMPLOYEE THEFT</b>	<b>\$</b> <b>\$1,000,000</b>
					<input checked="" type="checkbox"/> <b>DEDUCTIBLE</b>	<b>\$</b> <b>\$2,500</b>
<b>A</b>	<input checked="" type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>				<input checked="" type="checkbox"/> <b>LIMIT</b>	<b>\$</b> <b>Included</b>
						<b>\$</b>
						<b>\$</b>
						<b>\$</b>

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 The Property Policy is 100% Replacement Cost. In no event shall the limit exceed the Total Insured Value (reflected here in the Building Value) if partial loss is sustained.

**CERTIFICATE HOLDER**

**CANCELLATION**

<p><b>** Insurance Verification **</b></p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Dana Raulo's Hodge</i></p> <p>Dana Hodge</p>
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## COMMENTS / REMARKS

### Fairfield House Condominiums - CERTIFICATE OF PROPERTY INSURANCE CONT.

If Property coverage is purchased by the Insured, the Certificate Holder, if a mortgagee or lienholder, is a Loss Payee as their interest may appear as respects to the Property coverage.

If a Wind/Hail Deductible Buy Back policy is purchased by the Insured, the Wind/Hail Deductible Buy Back supersedes the Wind/Hail deductible on the Property policy.

Building ordinance/law coverage is included in the Property policy.

Inflation guard is not included in the Property policy. The total insured value is reevaluated each year by the board.

We provide at least ten days' notice of cancellation to the first Named Insured on the policy.

If Crime coverage is purchased by the Insured, the management company is an Additional Insured with respects to the Crime policy.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/YY/YYYY)  
01/26/2021

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<b>INSURED</b> Fairfield House Condominiums c/o Community Management Corporation PO Box 10821 Chantilly VA 20153		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: American Alternative Insurance INSURER B: Greenwich Insurance Company INSURER C: American Alternative Insurance INSURER D: INSURER E: INSURER F:	<b>NAIC #</b>

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>SEVERABILITY OF INTEREST</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CAU515725-2	01/23/2021	01/23/2022	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$1,000,000 MED EXP (Any one person) \$ \$5,000 PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ No PRODUCTS - COMP/OP AGG \$ \$1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CAU515725-2	01/23/2021	01/23/2022	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			PPP7471621	01/23/2021	01/23/2022	EACH OCCURRENCE \$ \$5,000,000 AGGREGATE \$ \$5,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	<b>Directors &amp; Officers</b>			CAU515725-2	01/23/2021	01/23/2022	LIMIT \$ 1,000,000 DEDUCTIBLE \$

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 If General Liability coverage is purchased by the Insured, the management company is an Additional Insured with respects to the General Liability policy.

<b>CERTIFICATE HOLDER</b>  ** Insurance Verification **	<b>CANCELLATION</b> 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   Dana Hodge
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# COMMENTS / REMARKS

Fairfield House Condominiums - CERTIFICATE OF LIABILITY INSURANCE CONT.

If Umbrella Liability coverage is purchased by the Insured, the Umbrella Liability policy is following form as per the General Liability policy.