



PARKUNI-01

ACORNELL

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/3/2023

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> Preferred Insurance Services, Inc 4100 Monument Corner Dr., Suite 400 Fairfax, VA 22030	<b>CONTACT NAME:</b> Certificate Department	
	<b>PHONE (A/C, No, Ext):</b> (703) 667-5940 <b>FAX (A/C, No):</b> (703) 991-4838	
	<b>E-MAIL ADDRESS:</b> certs@preferins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Greater New York Insurance Companies- Main Carrier Entry	22187
<b>INSURED</b>  Parkfairfax Unit Owners Association 3360 Gunston Rd Alexandria, VA 22302	<b>INSURER B :</b> Erie Insurance Exchange	26271
	<b>INSURER C :</b> Accident Fund General Insurance Company	12304
	<b>INSURER D :</b> Travelers Casualty And Surety Company Of America	31194
	<b>INSURER E :</b> Continental Casualty Company	20443
	<b>INSURER F :</b>	

## COVERAGES

## CERTIFICATE NUMBER:

## 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			1119M25022	4/1/2023	4/1/2024	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 \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q04-0141088	4/1/2023	4/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			3019U98784	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 10,000,000
							AGGREGATE \$ 10,000,000
							\$
C	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	AF WCP 100068794 02	11/1/2023	11/1/2024	<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	Directors & Officers			106475989	4/1/2023	4/1/2024	Deductible: \$10,000 1,000,000
E	Crime			618898670	4/1/2023	4/1/2024	Deductible: \$15,000 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
This certificate shows coverages currently in force for the above named insured, and is for internal use only. If a certificate holder needs to be added you can provide us this information, by visiting our website at <https://www.preferins.com/certificate-insurance/condo> or Email it to: [condocerts@preferins.com](mailto:condocerts@preferins.com) or it can be Fax to: 703-991-4838

## CERTIFICATE HOLDER

## CANCELLATION

Proof of Insurance

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



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Preferred Insurance Services, Inc</b>		NAMED INSURED <b>Parkfairfax Unit Owners Association</b> <b>3360 Gunston Rd</b> <b>Alexandria, VA 22302</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Coverages:

## Property:

Greater New York Insurance Company

Effective: 4/1/23-4/1/24

Policy #: 1119M25022

Building Coverage: \$280,890,027 Replacement Cost with Agreed Value no Co-Insurance Penalty.

Extended Replacement allows for Additional 25% in Building Coverage = \$351,112,534

100% Replacement Cost with Agreed Value = No Coinsurance

No inflation guard.

Property Deductible: \$25,000

The policy is special form.

Wind/hail is not excluded.

15 Days notice provided by carrier for non-payment of premium, all other 45 days notice provided.

Business Income: \$5,000,000

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Single entity - Coverage for unit interior to original plans and specs. EXCLUDES Improvements & Betterments; EXCLUDES Personal Belongings. Master policy property deductible is \$25,000. Unit owner should purchase an HO-6 policy for improvements and personal belongings/liability, etc.

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## Ordinance/Law:

Coverage A - Loss to undamaged portion of the building = Building Limit

Coverage B - Demolition Cost = \$3,000,000

Coverage C - Increased Cost of Construction = \$3,000,000

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Separation of Insureds clause included on package policy #1119M25022 per form CG 00 01 12 07. Waiver of Subrogation/Waiver of Rights of Recovery included on package policy #1119M25022 per form CP 00 17 04 02.

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Equipment Breakdown and Terrorism included.

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Water and Sewer Backup: Included

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Flood Coverage: \$5,000,000 per occurrence / Deductible: \$25,000

Earthquake Coverage: \$5,000,000 blanket / Deductible: \$25,000

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## Location:

3360 Gunston Rd

Alexandria VA 22302

Total Buildings: 285

Total Units: 1,684

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Crime Policy: 618898670, Effective 4/1/23-4/1/24 includes Property Manager as additional insured.

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Crime EXCESS policy: 106475989, Effective 4/1/23-4/1/24 provides \$2,000,000 Employee Theft Limit