

CERTIFICATE OF LIABILITY INSURANCE

KKILGORE

3/25/2024

PARKUNI-01

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

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	TYPE OF INSURANCE	ADDL SUB	iR	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY			(MIND D) 1 1 1 1 1	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		1119M25022	4/1/2024	4/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		Q04-0141088	4/1/2024	4/1/2025	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 10,000,000
	EXCESS LIAB CLAIMS-MADE		3019U98784	4/1/2024	4/1/2025	AGGREGATE	\$ 10,000,000
	DED RETENTION\$						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	AF WCP 100068794 02	11/1/2023	11/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	117.6				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
D	Directors & Officers		106475989	4/1/2024	4/1/2025	Deductible: \$10,000	1,000,000
E	Crime		618898670	4/1/2024	4/1/2025	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 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

1 of 1

Page

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED		
referred Insurance Services, Inc		Parkfairfax Unit Owners Association 3360 Gunston Rd		
POLICY NUMBER		Alexandria, VA 22302		
EE PAGE 1				
CARRIER	NAIC CODE			
FF PAGF 1	SFF P 1	EFFECTIVE DATE: OFF DAGE 4		

ADDITIONAL REMARKS

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

Additional Coverages:

Property:

Greater New York Insurance Company

Effective: 4/1/24-4/1/25 Policy #: 1119M25022

Building Coverage: \$306,170,130 Replacement Cost with Agreed Value no Co-Insurance Penaltv.

Extended Replacement allows for Additional 25% in Building Coverage = \$382,712,663

100% Replacement Cost with Agreed Value = No Coinsurance

Inflation Guard: 4%

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

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.

Separation of Insureds clause included on package policy #1119M25022 per form CG 00 01 12 07. Waiver of Subrogation/Waiver of

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

Rights of Recovery included on package policy #1119M25022 per form CP 00 17 04 02.

Equipment Breakdown and Terrorism included.

Water and Sewer Backup: Included

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

Location:

3360 Gunston Rd Alexandria, VA 22302 **Total Buildings: 285** Total Units: 1,684

Crime Policy: 618898670, Effective 4/1/2-4/1/25 includes Property Manager as additional insured. Crime coverage also extends to leased, loaned, volunteer, non-compensated, temporary, or part-time basis workers while at the direction and control and performing services for the named insured.

Crime EXCESS policy: 106475989, Effective 4/1/24-4/1/25 provides \$2,000,000 Employee Theft Limit and includes Property Manager/Management as additional insured.

ACORD 101 (2008/01)