Client#: 192120 **FAIRLARB** 

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/21/2021

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.

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 any rights to the certificate holder in lieu of such endorsement(s)

this certificate does not comer any rights to the certificate notice in field of such endorsement(s).							
PRODUCER	CONTACT USI Insurance Services, LLC						
USI Ins Srvcs LLC-CL/Condo	PHONE (A/C, No, Ext): 877-456-363 FAX (A/C, No):						
3190 Fairview Park Drive	E-MAIL ADDRESS: www.eidirect.com						
Suite 400	INSURER(S) AFFORDING COVERAGE	NAIC#					
Falls Church, VA 22042-4546	INSURER A: Travelers Indemnity Co of America	25666					
INSURED	INSURER B : Continental Casualty Company	20443					
Fairlington Arbor Condominium Inc.	INSURER C:						
c/o Cardinal Management Group, Inc.	INSURER D:						
4330 Prince William Parkway, Suite 201	INSURER E:						
Woodbridge, VA 22192	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 LTR	TYPE OF INSURANCE		ADDL INSR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	Χ	COMMERCIAL GENERAL LIABILITY			680006242C729	05/25/2021	05/25/2022	EACH OCCURRENCE	\$1,000,000	
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
								MED EXP (Any one person)	\$5,000	
								PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000	
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	datory in NH)	117.4					E.L. DISEASE - EA EMPLOYEE	\$	
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Bui	lding			680006242C729	05/25/2021	05/25/2022	\$79,804,172- 200% E	RC	
В	Cri	me			618855396	05/25/2021	05/25/2022	\$2,000,000-\$5,000 Ded		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

(See Attached Descriptions)

**CERTIFICATE HOLDER** 

**Fairlington Arbor Condominium** c/o Cardinal Mgmt Group, Inc. 4330 Prince William Pkwy Ste 201 Woodbridge, VA 22192

**CANCELLATION** 

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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## **DESCRIPTIONS (Continued from Page 1)**

Type of Coverage: Single Entity Coverage for unit interior to original plans and specs. Coverage is

extended to common areas and amenities.

Improvements & Betterments: Excluded

Personal Belongings: Excluded

Unit owner should purchase an HO-6 policy for improvements and personal belongings/liability, etc.

Causes of Loss: Special Form

Replacement Cost: 200%

Coinsurance: Does not apply

Property Deductible: \$10,000

Number of Units: 367

Inflation Guard: Not included

Wind/hail: Not excluded

Cancellation Provision: 10 days for non-payment and 30 days for any other reasons. The carrier will only

notify the named insured.

Ordinance/Law Coverage Policy # 6806242C729

**Carrier: Travelers Indemnity Company of America** 

Effective dates: 05/25/2021 - 05/25/2022

Limits: Undamaged portion: Full building coverage Increased Cost of Construction: \$1,000,000

**Demolition: \$1,000,000** 

**Boiler & Machinery (Equipment Breakdown)** 

Policy # BME15067C913

Carrier: Travelers Property Cas. Co. of America

Effective dates: 05/25/2021 - 05/25/2022

Limit: \$62,716,021 Deductible: \$5,000

Separation Of Insureds clause included on GL policy #6806242C729.

Earthquake Limit: \$5,000,000; Deductible: \$25,000

Flood Limit: \$500,000; Deductible: \$10,000

The Fidelity bond includes coverage for the contracted Property Manager: Cardinal Management Group, Inc.