

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/6/2023

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 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 ASSOCIATED INSURANCE Management, LLC 300 Spring Street Suite 300 Silver Spring, MD 20910		CONTACT Barbara J Reynolds			
		PHONE (A/C, No, Ext): (301) 812-2089 FAX (A/C, No):			
		E-MAIL ADDRESS: condocerts@aimcommercial.com			
		INSURER(S) AFFORDING COVERAGE	NAIC #		
		INSURER A: Travelers Indemnity Co	25658		
NSURED	The Colonnade Community Association, Inc.	INSURER B : Greenwich Insurance Company	22322		
	C/O Abaris Realty, Inc. 7811 Montrose Road Suite 110 Potomac, MD 20854	INSURER C: Harford Mutual Insurance Co. 14141			
		INSURER D: Travelers Casualty & Surety Co. of America 31194			
		INSURER E:			
		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 S	UBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	IIIOD I		(ININI/DD/1111)	(MINIOD) I I I I	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		Y6300X729403IND23	9/1/2023	9/1/2024	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
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BA0X7290102314G	9/1/2023	9/1/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		PPP7445629L23A-12	9/1/2023	9/1/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION\$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WC10494691	9/1/2023	9/1/2024	E.L. EACH ACCIDENT	\$ 500,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,000
Α	BUILDING		Y6300X729403IND23	9/1/2023	9/1/2024	DEDUCTIBLE \$25,000	91,696,500
D	FIDELITY BOND		107883400	9/1/2023	9/1/2024	DEDUCTIBLE \$13,000	1,300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Locations: 1, 3, 11, 23 Arch Place & 7, 27, 31 Booth Street & 7, 8, 16, 17 Granite Place, Gaithersburg, MD 20878.

Building Replacement Cost, Agreed Value, Special Causes of Loss. Wind and Hail. No Coinsurance. Severability of Interest Applies. Waiver of Subrogation Applies.

Total number of units in association: 307 Residential and 7 Commercial.

The Fidelity coverage includes the Property Management Company and Non-Compensated Officers. Property Manager is included as an insured for actions on behalf of the Association.

10 Days for Cancellation for Non-Payment/30 Days Notice of Cancellation for any other.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION

FOR INFORMATIONAL PURPOSES Certificates may be obtained at: www.aimcommercial.com/coi or requested from: condocerts@aimcommercial.com

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZ	ED REPRES	SENTATIVE
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ACORD 25 (2016/03)

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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED		
Associated Insurance Management, LLC		The Colonnade Community Association, Inc. C/O Abaris Realty, Inc. 7811 Montrose Road Suite 110 Potomac, MD 20854		
POLICY NUMBER				
SEE PAGE 1				
CARRIER NAIC CODE		Montgomery		
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Additional Coverage:

The Travelers Group
Policy Number Y6300X729403IND23
Effective 09/01/2023-2024
Contents Limit \$100,000, Deductible \$25,000

Building Ordinance or Law Limit \$5,000,000

Extra Expense \$500,000

Flood & Earthquake Limit \$5,000,000, Deductible \$100,000

Directors & Officers Liability: Continental Casualty Company Policy Number 0250963197 Effective 09/01/2023-2024 Limit \$1,000,000, Deductible \$1,000

Equipment Breakdown:
Hartford Steam Boiler
Policy Number FBP2342918
Effective 09/01/2023-2024
Property, Business Income & Extra Expense
Limit \$92,029,816, Deductible \$5,000

The master policy provides coverage for the interior of units as they were originally conveyed by the developer. Improvements installed by unit owners at their own expense are not covered. Subject to terms and conditions of the policy.