



COND1AT-01

BJR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/22/2023

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).

| | | |
|--|---|--------------|
| PRODUCER Associated Insurance Management, LLC 1300 Spring Street Suite 300 Silver Spring, MD 20910 | CONTACT NAME: 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 : The Cincinnati Insurance Co. | 10677 |
| INSURED Condominium 1 at the Colonnade Sub-Condominium, Condominium 1 at the Colonnade c/o Abaris Realty, Inc. 7811 Montrose Road, Suite 110 Potomac, MD 20854 | INSURER B : Greenwich Insurance Company | 22322 |
| | INSURER C : Pennsylvania Manufacturers' Assoc Ins Co. | 12262 |
| | 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 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: | | | ENP0141927 | 9/1/2023 | 9/1/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| A | <input checked="" type="checkbox"/> 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 | | | ENP0141927 | 9/1/2023 | 9/1/2024 | 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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | PPP7445533L23A-12 | 9/1/2023 | 9/1/2024 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input checked="" type="checkbox"/> N | N/A | 20232011116797Y | 9/1/2023 | 9/1/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| A | CONTENTS | | | ENP0141927 | 9/1/2023 | 9/1/2024 | DEDUCTIBLE \$1,000 25,000 |
| D | FIDELITY/CRIME | | | 107883387 | 9/1/2023 | 9/1/2024 | DEDUCTIBLE \$2,500 425,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Locations: 7 Booth Street & 7 Granite Place, Gaithersburg, MD 20878

BUILDING AND BOILER & MACHINERY COVERAGE ARE CARRIED BY THE COLONNADE COMMUNITY ASSOCIATION, INC. Building Replacement Cost, Agreed Value, No Coinsurance, Special Causes of Loss. Wind and Hail Coverage Included. Severability of Interest Applies. Waiver of Subrogation Applies. Number of units in association: 72. 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.

AUTHORIZED REPRESENTATIVE

Barbara J Reynolds



ADDITIONAL REMARKS SCHEDULE

| | | |
|---|-----------------------------|--|
| AGENCY Associated Insurance Management, LLC | | NAMED INSURED Condominium 1 at the Colonnade Sub-Condominium, Condominium 1 at the Colonnade c/o Abaris Realty, Inc. 7811 Montrose Road, Suite 110 Potomac, MD 20854 |
| POLICY NUMBER SEE PAGE 1 | | |
| CARRIER SEE PAGE 1 | NAIC CODE 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:

Directors & Officers Liability:

United States Liability Insurance Group

Policy Number CAP022G0568

Effective 09/01/2023-2024

Limit \$1,000,000, Deductible \$1,000

THE COLONNADE COMMUNITY ASSOCIATION, INC.

Travelers Insurance Company

Policy Number Y6300X729403IND23

Effective 09/01/2023-2024

Building Limit \$92,696,500, Deductible \$25,000

Contents Limit \$100,000, Deductible \$25,000

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

Extra Expense Limit \$500,000

Total number of units in THE COLONNADE COMMUNITY ASSOCIATION, INC.:

307 Residential and 7 Commercial

THE COLONNADE COMMUNITY ASSOCIATION, INC.

Boiler & Machinery/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 (original specifications). Improvements installed by unit owners are not covered. Subject to terms and conditions of the policy.