



# 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).

<b>PRODUCER</b> <b>Associated Insurance Management, LLC</b> <b>1300 Spring Street</b> <b>Suite 300</b> <b>Silver Spring, MD 20910</b>	<b>CONTACT NAME:</b> <b>Barbara J Reynolds</b> <b>PHONE (A/C, No, Ext):</b> <b>(301) 812-2089</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>condocerts@aimcommercial.com</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>NAIC #</b>
	<b>INSURER A :</b> <b>The Cincinnati Insurance Co.</b> <b>10677</b>
	<b>INSURER B :</b> <b>Greenwich Insurance Company</b> <b>22322</b>
	<b>INSURER C :</b> <b>Pennsylvania Manufacturers' Assoc Ins Co.</b> <b>12262</b>
	<b>INSURER D :</b> <b>Travelers Casualty &amp; Surety Co. of America</b> <b>31194</b>
	<b>INSURER E :</b>
	<b>INSURER F :</b>

**INSURED**  
**Condominium 2 at the Colonnade**  
**c/o Abaris Realty**  
**7811 Montrose Road**  
**Suite 110**  
**Potomac, MD 20854**

**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"/>	<b>COMMERCIAL GENERAL LIABILITY</b>			ENP0141943	9/1/2023	9/1/2024	EACH OCCURRENCE	\$ 1,000,000
		<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						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
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC						\$
		OTHER:							\$
A	<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b>			ENP0141943	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
									\$
B	<input checked="" type="checkbox"/>	<b>UMBRELLA LIAB</b>	<input checked="" type="checkbox"/> OCCUR		PPP7445536L23A-12	9/1/2023	9/1/2024	EACH OCCURRENCE	\$ 5,000,000
		<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 5,000,000
		DED <input checked="" type="checkbox"/>	RETENTION \$	0					\$
C	<input checked="" type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			2023011116789Y	9/1/2023	9/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input checked="" type="checkbox"/> N	N / A				E.L. EACH ACCIDENT	\$ 500,000
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
								E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	<input checked="" type="checkbox"/>	<b>CONTENTS</b>			ENP0141943	9/1/2023	9/1/2024	<b>DEDUCTIBLE \$1,000</b>	25,000
D	<input checked="" type="checkbox"/>	<b>FIDELITY/CRIME</b>			107883418	9/1/2023	9/1/2024	<b>DEDUCTIBLE \$1,000</b>	200,000

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

Location: 8 Granite Place, Gaithersburg, MD 20878

**BUILDING AND BOILER & MACHINERY COVERAGE ARE CARRIED BY THE COLONNADE COMMUNITY ASSOCIATION, INC.** Building Replacement Cost, Agreed Value, Special Causes of Loss. No Coinsurance. Wind and Hail Coverage Included. Severability of Interest Applies. Waiver of Subrogation Applies. Number of units in association: 22. 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](http://www.aimcommercial.com/coi) or requested from:  
[condocerts@aimcommercial.com](mailto: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 <b>Associated Insurance Management, LLC</b>		NAMED INSURED <b>Condominium 2 at the Colonnade c/o Abaris Realty 7811 Montrose Road Suite 110 Potomac, MD 20854 Montgomery</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

## 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 &amp; Officers Liability:

United States Liability Insurance Group

Policy Number CAP1553476H

Effective 09/01/2023-2024

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

## 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 &amp; Machinery/Equipment Breakdown:

Hartford Steam Boiler

Policy Number FBP2342918

Effective 09/01/2023-2024

Property, Business Income &amp; 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.