



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/26/2024

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).

PRODUCER USI Ins Svcs LLC-CL/Condo 3190 Fairview Park Drive Suite 400 Falls Church, VA 22042-4546	CONTACT NAME: USI Insurance Services, LLC	
	PHONE (A/C, No, Ext): 877-456-3643	FAX (A/C, No):
E-MAIL ADDRESS: www.eoidirect.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Greater New York Mutual Insurance Co		22187
INSURER B : Continental Casualty Company		20443
INSURER C :		
INSURER D :		
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 INSR	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BINDER23019715	09/24/2024	09/24/2025	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Building			BINDER23019715	09/24/2024	09/24/2025	\$98,745,070 - 125% ERC
B	Fidelity Bond			618814752	09/24/2024	09/24/2025	\$3,100,000/\$10,000 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 Glen Condominium Council of Co-Owners c/o Cardinal Management 4330 Prince William Parkway Suite 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 
--	---

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 a HO-6 policy for improvements and personal belongings/liability, etc.

Causes of Loss: Special Form

Replacement Cost: 125% Extended Replacement Cost

Coinsurance: Does not apply

All other Perils (AOP) Deductible: \$25,000 per occurrence

Water Damage Deductible: \$50,000 per occurrence

Number of Units: 352

Inflation Guard: 4%

Wind/hail: Not excluded

Cancellation Provision: 10 days for non-payment and 30 days for any other reasons. The carrier will notify the Named Insured, Mortgagee, Additional Insured, Loss Payee.

Waiver of Subrogation/Waiver of Rights Recovery: Yes

Ordinance/Law Coverage

Policy # BINDER23019715

Carrier: Greater New York Mutual Insurance Co

Effective dates: 09/24/2024 - 09/24/2025

Limits: Undamaged portion: Full building coverage

Increased Cost of Construction: \$1,000,000

Demolition: \$1,000,000

Boiler & Machinery (Equipment Breakdown)

Policy # FBP2307726

Carrier: The Hartford Steam Boiler Inspection and Insurance Co

Effective dates: 09/24/2024 - 09/24/2025

Limit: Building Limit

Deductible: \$25,000

Earthquake

Policy # BINDER23019715

Carrier: Greater New York Mutual Insurance Co

Effective dates: 09/24/2024 - 09/24/2025

Limit: \$5,000,000

Deductible: \$50,000

DESCRIPTIONS (Continued from Page 1)

Flood

Policy # BINDER23019715

Carrier: Greater New York Mutual Insurance Co

Effective dates: 09/24/2024 - 09/24/2025

Limit: \$500,000

Deductible: \$50,000

Separation of Insureds clause included on GL policy # BINDER23019715

The Fidelity Bond included coverage for the contracted Property Manager, volunteers & board members, and any paid personnel with access to HOA funds.

This page has been left blank intentionally.