

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/27/2023

MSD

THECOUN-01

C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	IVEL SURA	Y OI	R NEGATIVELY AMEND, E DOES NOT CONSTITU	, EXTEND OR AI	TER THE CO	OVERAGE AFFORDED B	BY TH	E POLICIES	
lf	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subjection subjection of the subjection of the subjection of the subject of the su	t to	the	terms and conditions of	the policy, certain	n policies may				
	DUCER		0011		CONTACT Matthew Dellinger					
Ass	ociated Insurance Management, LLC				NAME: Fill PHONE FAX (A/C, No, Ext): (240) 638-4042 FAX (A/C, No, Ext): (240) FAX (A/C, No): (A/C, No): (866) 219-4201 (A/C, No):					
	0 Spring Street			E-MAIL ADDRESS: msdellinger@aimcommercial.com						
	er Spring, MD 20910				ADDITEOU.	NAIC #				
				INSURER A : Westr	16098					
INSURED Council of Unit Owners of Rock Creek				k Apartments and	INSURER B : Allmerica Financial Benefit Insurance Company					
	Condominiums One, Inc.			•	INSURER C : Continental Casualty				20443	
	DBA Rock Creek Village Cor	ndom	iniu	m	INSURER D : Insurance Company of Greater New York				22195	
	c/o Abaris Realty, Inc. 7811 Montrose Road, Suite 1	10			INSURER E :					
	Potomac, MD 20854				INSURER F :					
со	VERAGES CER	TIFIC		E NUMBER:			REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	equi Per Poli	REMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF ANY CONTR DED BY THE POLI BEEN REDUCED B	ACT OR OTHEF CIES DESCRIE Y PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSR LTR		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			BOP0004956	5/1/2023	5/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
							MED EXP (Any one person)	\$	10,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							\$		
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
				BOP0004956	5/1/2023	5/1/2024	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
_	DED RETENTION \$							\$		
в	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N				E 14 10000	E 14 /000 4	X PER OTH- STATUTE ER		E00.000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			W2R-H249102-03	5/1/2023	5/1/2024	E.L. EACH ACCIDENT	\$	500,000	
							E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below			0.1.070.1000	E // /0000	F /1/0001	E.L. DISEASE - POLICY LIMIT	\$	500,000	
-	Directors & Officers			618731998	5/1/2023	5/1/2024	Aggregate: \$1,000		1,000,000	
D	Blanket Building			BOP0004956	5/1/2023	5/1/2024	Deductible: \$25,000		34,874,460	
# of COV 1.) 2 2.) 2 3.) 2 4.) 8 SEE	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Units: 224 /ERED LOCATIONS 206-2214 Colston Drive, Silver Spring, N 300-2316 Colston Drive, Silver Spring, N 400-2412 Colston Drive, Silver Spring, M 327-8335 Grubb Road, Silver Spring, M ATTACHED ACORD 101 RTIFICATE HOLDER	AD 20 AD 20 AD 20)910)910)910	D 101, Additional Remarks Schedu	CANCELLATIO	<u>.</u>	·			
FOR INFORMATIONAL PURPOSES Please email written requests for certificates to: 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.					

© 1988-2015 ACORD CORPORATION. All rights reserved.

	AGEN	ICY CUSTOMER ID: THECOUN-01		MSE
		LOC #: 0		
ACORD [®] ADDITIONAL	L REMA	RKS SCHEDULE Page	<u>1</u> 0	f_1
AGENCY Associated Insurance Management, LLC POLICY NUMBER SEE PAGE 1		NAMED INSURED Council of Unit Owners of Rock Creek Apartments and Cond One, Inc. DBA Rock Creek Village Condominium c/o Abaris Realty, Inc. 2814 Montroce Bood, Suite 110	ominiur	ns
	NAIC CODE	7811 Montrose Róad, Suite 110 Potomac, MD 20854		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,			
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liabil	lity Insurance			
installed by unit owners at their own expense are not or by-laws, and state law. Severability of Interests Applies Building Coverage includes: Special Form, 100% Repla -Wind/Hail Included -Limits are reviewed annually and manually adjusted for	0 f units as th covered. Su s.ordi acement Co or inflation	ey were originally conveyed by the developer. Improver bject to terms and conditions of the policy, condo asso st, Agreed Value		١
-Includes Equipment/Mechanical Breakdown coverage -Includes Building Ordinance or Law coverage Coverage A - Included in Building Limit Coverage B - \$1,500,000 Coverage C - \$1,500,000				
CRIME/FIDELITY COVERAGE Carrier: Continental Casualty Company Policy #: 618731998 Term: 5/1/2023-5/1/2024 Employee Theft Limit of Insurance: \$1,000,000 Employee Theft Deductible: \$1,000 *coverage is extended to the property management co	mpany			
CANCELLATION PROVISION 10 day notice of cancellation for nonpayment of premit	um; 45 day	notice of cancellation for any other reason.		