



THECOUN-01

MSD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/24/2025

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: Matthew Dellinger PHONE (A/C, No, Ext): (240) 638-4042 FAX (A/C, No): (866) 219-4201 E-MAIL ADDRESS: msdellinger@aimcommercial.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Westminster American Insurance Company	16098
INSURED Council of Unit Owners of Rock Creek Apartments and Condominiums One, Inc. DBA Rock Creek Village Condominium c/o Abaris Realty, Inc. 7811 Montrose Road, Suite 110 Potomac, MD 20854	INSURER B : Federal Insurance Company	20281
	INSURER C : Allmerica Financial Benefit Insurance Company	41840
	INSURER D : Continental Casualty	20443
	INSURER E : Insurance Company of Greater New York	22195
	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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			BOP0004956	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 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			BOP0004956	5/1/2025	5/1/2026	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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			G74573186	5/1/2025	5/1/2026	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) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	W2R-H249102-04	5/1/2025	5/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Directors & Officers			618731998	5/1/2025	5/1/2026	Aggregate: \$ 1,000 1,000,000
E	Blanket Building RC			BOP0004956	5/1/2025	5/1/2026	Deductible: \$ 25,000 39,547,637

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
of Units: 224

COVERED LOCATIONS

- 1.) 2206-2214 Colston Drive, Silver Spring, MD 20910
 - 2.) 2300-2316 Colston Drive, Silver Spring, MD 20910
 - 3.) 2400-2412 Colston Drive, Silver Spring, MD 20910
 - 4.) 8327-8335 Grubb Road, Silver Spring, MD 20910
- SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE



ADDITIONAL REMARKS SCHEDULE

AGENCY Associated Insurance Management, LLC		NAMED INSURED Council of Unit Owners of Rock Creek Apartments and Condominiums One, Inc.	
POLICY NUMBER SEE PAGE 1		DBA Rock Creek Village Condominium c/o Abaris Realty, Inc. 7811 Montrose Road, Suite 110 Potomac, MD 20854	
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:

- 5.) 2215-2219 Washington Ave, Silver Spring, MD 20910
6.) 2221-2225 Washington Ave, Silver Spring, MD 20910

COMMERCIAL PROPERTY COVERAGE

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, condo association by-laws, and state law. Severability of Interests Applies.ordi

Building Coverage includes: Special Form, 100% Replacement Cost, Agreed Value

-Wind/Hail Included

-Limits are reviewed annually and manually adjusted for inflation

-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: 5/1/2025-5/1/2026

Employee Theft Limit of Insurance: \$2,000,000

Employee Theft Deductible: \$10,000

*coverage is extended to the property management company

CANCELLATION PROVISION

10 day notice of cancellation for nonpayment of premium; 45 day notice of cancellation for any other reason.