CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/06/2023

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	CONTACT NAME: Chad Dodero	
Cascade Insurance Group, LLC 1100 N Glebe Road, Suite 1010 Arlington VA 22201	PHONE (A/C, No, Ext): (703)551-2000	FAX (A/C, No): (703)656-4968
	E-MAIL ADDRESS: Chad@Cascadeig.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Erie Insurance	26271
INSURED Cameron Station Community Association c/o CAMP 200 Cameron Station Blvd 2nd Floor Alexandria VA 22304	INSURER B : Great American Insurance	16691
	INSURER C : Travelers Insurance	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			Q61-0089506	04/15/2023	04/15/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 1,000,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			Q61-0089506	04/15/2023	04/15/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ 1,000,000 $ $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			Q28-1570970	04/15/2023	04/15/2024	EACH OCCURRENCE AGGREGATE [ ]	$ 10,000,000 $ 10,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Q88-6500706	04/15/2023	04/15/2024	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Building Coverage			Q61-0089506	04/15/2023	04/15/2024	DED $5,000	$7,048,000 RC

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

SEE ATTACHED PAGE

CERTIFICATE HOLDER

Community Association Management Professionals
4114 Legato Road, Suite 200
Fairfax VA 22033

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

Fax: Email:

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Cascade Insurance Group, LLC		Cameron Station Community Association
POLICY NUMBER		
Q61-0089506		
CARRIER	NAIC CODE	
Erie Insurance		EFFECTIVE DATE: 04/15/2023

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** _____

Type of Coverage: Coverage is extended to common areas and amenities.
Improvements & Betterments: Excluded
Personal Belongings: Excluded
Causes of Loss: Special Form
Replacement Cost: 100% Replacement Cost
Coinsurance: Does not apply
Property Deductible: $5,000
Number of Units: 1776
Inflation Guard: Included
Wind/hail: Included
Cancellation Provision: 30 days for non-payment. The carrier will notify the named insured.
Policy # Q61-0089506
Carrier: Erie Insurance
Effective dates: 04/15/2023 to 04/15/2024
Limits: Undamaged portion: Full building coverage
Building Ordinance & Law Included
Boiler & Machinery (Equipment Breakdown)
Policy # Q61-0089506
Carrier: Erie Insurance
Effective dates: 04/15/2023 to 04/15/2024
Limit: Included in Building Limit
Deductible: $5,000
Separation Of Insureds clause included on GL policy # Q61-0089506
The Fidelity bond includes coverage for the contracted Property Manager, Its Employees, and Board Members
Crime/Employee Dishonesty SSA-392-56-74-10031-02 Coverage $3,000,000 DED $10,000 Effective 04/15/2023 04/15/2024
Directors and Officers 107416772 Coverage $1,000,000 DED 10,000 Effective 04/15/2023 04/15/2024
Cyber Policy HCXCYB-P-5006975.23 Coverage $1,000,000 DED 10,000 Effective 04/15/2023 to 04/15/2024