



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/28/2024

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 rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cascade Insurance Group, LLC 1100 N Glebe Road, Suite 1010  Arlington VA 22201		<b>CONTACT</b> NAME: Chad Dodero PHONE (A/C, No. Ext): (703)551-2000 E-MAIL: Chad@Cascadeig.com ADDRESS: Chad@Cascadeig.com		<b>FAX</b> (A/C, No):
		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A : Erie Insurance		26271
		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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		Q61-0089506	04/15/2024	04/15/2025	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 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		Q61-0089506	04/15/2024	04/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED RETENTION \$	Y		Q28-1570970	04/15/2024	04/15/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Q88-6500706	04/15/2024	04/15/2025	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Building Coverage	Y		Q61-0089506	04/15/2024	04/15/2025	DED \$5,000 \$7,666,000 RC

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

SEE ATTACHED PAGE

Community Association Management Professionals Listed As Additional Insured.

**CERTIFICATE HOLDER****CANCELLATION**

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

Email:

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ACORD 25 (2016/03)

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# **ADDITIONAL REMARKS SCHEDULE**

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AGENCY Cascade Insurance Group, LLC		NAMED INSURED Cameron Station Community Association	
POLICY NUMBER Q61-0089506			
CARRIER Erie Insurance	NAIC CODE 26271	EFFECTIVE DATE: 04/15/2024	

## **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: 04/15/2024 to 04/15/2025  
 Limits: Undamaged portion: Full building coverage  
 Building Ordinance & Law Included  
 Boiler & Machinery (Equipment Breakdown)  
 Policy # Q61-0089506  
 Carrier: Erie Insurance  
 Effective dates: 04/15/2024 to 04/15/2025  
 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-392-56-74-10031-03 Coverage \$3,000,000 DED \$10,000 Effective 04/15/2024 04/15/2025  
 Directors and Officers 107416772 Coverage \$1,000,000 DED 10,000 Effective 04/15/2024 04/15/2025  
 Cyber Policy HCXCYP-P-5006975.23 Coverage \$1,000,000 DED 10,000 Effective 04/15/2024 to 04/15/2025