



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2017

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 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 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
INSURED Thoreau Place Condominium UOA c/o Northern Virginia Management, LLC 4306 Evergreen Lane, Suite 101 Annandale, VA 22003-3217	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Travelers P&C of America 25674
	INSURER B : Travelers Casualty and Surety 31194
	INSURER C :
	INSURER D :
	INSURER E :

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6807449W989	09/11/2017	09/11/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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 \$ AGGREGATE \$ \$
	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 OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Building			6807449W989	09/11/2017	09/11/2018	\$26,100,000 - 200% ERC
B	Fidelity Bond			105664449	09/11/2017	09/11/2018	\$1,300,000/\$5,000 Ded

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

(See Attached Descriptions)

CERTIFICATE HOLDER Thoreau Place Condominium UOA c/o Northern Virginia Management LLC 4306 Evergreen Lane, Suite 101 Annandale, VA 22003-3217	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 an HO-6 policy for improvements and personal belongings/liability, etc.

Causes of Loss: Special Form

Replacement Cost: 200%

Coinsurance: Does not apply

Property Deductible: \$10,000

Number of Units: 135

Inflation Guard: Not included

Wind/hail: Not excluded

Cancellation Provision: 10 days for non-payment and 30 days for any other reasons. The carrier will only notify the named insured.

Ordinance/Law Coverage

Policy # 6807449W989

Carrier: Travelers Property Casualty Company of America

Effective dates: 09/11/2017 - 09/11/2018

Limits: Undamaged portion: Full building coverage

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

Demolition: \$1,000,000

Boiler & Machinery (Equipment Breakdown)

Policy # FBP2327094

Carrier: The Hartford Steam Boiler

Effective dates: 09/11/2017 - 09/11/2018

Limit: \$26,808,000

Deductible: \$10,000

Separation Of Insureds clause included on GL policy #6807449W989. Per form CG 00 01 10 01.

The Fidelity bond includes coverage for the contracted Property Manager: Northern Virginia Management, LLC. per form #CRI-7234.