

CUSTOMER NUMBER: 511555

RUN DATE: 05-16-17

TRISTATE BROKERS
*6283 FRANCONIA RD
ALEXANDRIA, VA 22310-2510

THE VISTAS CONDO C-O NORTHERN VIRGINIA M
NAGEMENT
4306 EVERGREEN LN STE 101
ANNANDALE, VA 22003-3217

CERTIFICATE OF INSURANCE - COMMERCIAL

ALLSTATE INSURANCE COMPANY

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Description of Operation:

CERTIFICATE HOLDER	NAMED INSURED
Name and Address of Party to Whom this Certificate is Issued	Name and Address of Insured
THE VISTAS CONDO C-O NORTHERN VIRGINIA MANAGEMENT 4306 EVERGREEN LN STE 101 ANNANDALE, VA 22003-3217	THE VISTAS CONDO C-O NORTHERN VA 4306 EVERGREEN LN101 ANNANDALE, VA 22003-3217
	Location Address (if different than above)

This is to certify that policies of insurance listed below have been issued to the insured named above subject to the expiration date indicated below, 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.

TYPE OF INSURANCE AND LIMITS

Policy Number: 648148108	Effective Date: 05-01-2017	Expiration Date: 05-01-2018
COVERAGE SUMMARY		
GENERAL LIABILITY	LIMIT OF LIABILITY	
COMPREHENSIVE LIABILITY	\$ 2,000,000	Per Occurrence
DAMAGE TO PREMISES RENTED TO YOU	\$ 100,000	Any One Premises
PERSONAL AND ADVERTISING INJURY	\$ 2,000,000	
MEDICAL PAYMENTS	\$ 5,000	Any One Person
PRODUCTS / COMPLETED OPERATIONS AGGREGATE	\$ 4,000,000	
GENERAL AGGREGATE (Other than Products / Completed Operations)	\$ 4,000,000	
PROPERTY INSURANCE		
POLICY TYPE		
<input type="checkbox"/> Special Form <input type="checkbox"/> Broad Form <input checked="" type="checkbox"/> Basic Form		
<input checked="" type="checkbox"/> BUILDING \$ 7,200,000 <input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Deductible \$ 5,000 <input type="checkbox"/> Blanket Limit		
<input type="checkbox"/> CONTENTS <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Deductible <input type="checkbox"/> Blanket Limit		
Wind Deductible % Exclude Wind <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
ADDITIONAL COVERAGES:		
MORTGAGE CLAUSE -The policy contains a Mortgage Clause in favor of:		
Mortgagee		
Address		
CERTIFICATE PERIOD		
THIS CERTIFICATE WILL REMAIN IN FORCE FROM THE INCEPTION OF THE POLICY UNTIL THE POLICY IS CANCELLED OR EXPIRES.		
POLICY INCEPTION DATE: 05-01-2017	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> 12:00 NOON	Standard Time at the location of the Insured premises.
PROVISIONS		
This form is not the contract of insurance, but attests that a policy as identified above has been issued. The provisions of the policy shall prevail in all respects.		
SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
TRISTATE BROKERS	05-16-17	
Authorized Representative	Date	