

**CERTIFICATE OF INSURANCE**



This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder LEEWOOD FOREST HOMEOWNERS ASSOCIATION

Address of policyholder c/o Northern Virginia Management 4306 Evergreen Ln Suite 101 Annandale, VA 22003

Location of operations \_\_\_\_\_

Description of operations HOMEOWNERS ASSOCIATION POLICY

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
96-CN-8027-9 F	Comprehensive Business Liability	05/22/24	05/22/25	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:				
<input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input checked="" type="checkbox"/> DIR & OFFICERS \$1,000,000 <input checked="" type="checkbox"/> EMPLOYEE DISHONESTY \$100,000 <input checked="" type="checkbox"/> FIRE, HAIL AND WIND COVERAGE INCLUDED				Each Occurrence \$ 1,000,000 General Aggregate \$ 2,000,000 Products - Completed Operations Aggregate \$
96-CN-8026-7 F	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input checked="" type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	
		05/22/24	05/22/25	Each Occurrence \$ 1,000,000 Aggregate \$ 1,000,000
	Workers' Compensation and Employers Liability	POLICY PERIOD		Part I - Workers Compensation - Statutory
		Effective Date	Expiration Date	Part II - Employers Liability
				Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
96-CN-8027-9 F	HOA MASTER POL	05/22/24	05/22/25	\$83,000 BUILDING COVERAGE
				\$500 DEDUCTIBLE
				100 TOTAL UNITS

**THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.**

Name and Address of Certificate Holder

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder 60 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

\*\*THIS IS A HOMEOWNER'S ASSOCIATION WHICH COVERS COMMON AREAS AND AMMENITIES ONLY. THERE IS BUILDING ORDINANCE & LAW COVERAGE AND 100% REPLACEMENT COST UP TO THE POLICY LIMIT ONLY FOR THE COMMON AREAS AND AMMENITIES ONLY.\*\*

SEVERABILITY OF INTEREST, EQUIPMENT BREAKDOWN AND BUILDING ORDINANCE INCLUDED IN THE POLICY.

Signature of Authorized Representative  
 STATE FARM AGENT 07/17/24  
 Title \_\_\_\_\_ Date \_\_\_\_\_  
 STEVE SANDOVAL  
 Agent Name  
 Telephone Number 703-263-9222 \_\_\_\_\_

Agent's Code Stamp  
 Agent Code 2869  
 AFO Code F206