



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/01/2022

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 Cascade Insurance Group, LLC 1100 N Glebe Road, Suite 1010 Arlington VA 22201		CONTACT NAME: Cascade Insurance Group PHONE (A/C. No. Ext): (703)551-2000 E-MAIL ADDRESS: Chad@cascadeig.com FAX (A/C. No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Erie Insurance	NAIC # 26271
		INSURER B : Great American Insurance	16691
		INSURER C : Travelers Insurance	25674
		INSURER D :	
		INSURER E :	
		INSURER F :	
INSURED Cameron Station Community Association c/o Community Association Management Professionals 4114 Legato Road Suite 200 Fairfax VA 22033			

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"/> 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:			Q61-0089506	04/15/2022	04/15/2023	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	AUTOMOBILE LIABILITY <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			Q61-0089506	04/15/2022	04/15/2023	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"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Q28-1570970	04/15/2022	04/15/2023	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Q88-6500706	04/15/2022	04/15/2023	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			Q61-0089506	04/15/2022	04/15/2023	DED \$5,000	\$6,545,000 RC

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

SEE ATTACHED PAGE

CERTIFICATE HOLDER**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

AGENCY Cascade Insurance Group, LLC		NAMED INSURED Cameron Station Community Association	
POLICY NUMBER Q61-0089506			
CARRIER Erie Insurance	NAIC CODE	EFFECTIVE DATE: 04/15/2022	

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: 04/15/2022 to 04/15/2023
 Limits: Undamaged portion: Full building coverage
 Building Ordinance & Law Included
 Boiler & Machinery (Equipment Breakdown)
 Policy # Q61-0089506
 Carrier: Erie Insurance
 Effective dates: 04/15/2022 to 04/15/2023
 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 01/01/2022 04/15/2023
 Directors and Officers 107416772 Coverage \$1,000,000 DED 5,000 Effective 04/15/2022 04/15/2023
 Cyber Policy HCXCYP-P-5006975 Coverage \$3,000,000 DED 10,000 Effective 01/01/2022 to 01/01/2023