



Shadowwood Condominium Association
11639 Stoneview Square
Reston, VA 20191-2952

703-620-5444 / voice
703-620-4233 / fax
office@shadowwoodcondos.com

Unit Address

EXHIBIT A

WHEREAS, the by-laws, as amended, of Shadowwood Condominium Association, requires Certain language to be incorporated in all lease agreements;

WHEREAS, it is intention of the parties to this Lease to incorporate said language in the Lease attached hereto;

NOW, THEREFORE, the parties hereto agree as follows:

Lessee shall pay administrative expense of \$225.00 in advance of moving in.

Upon acceptance of this Lease, Lessee is subject to and agrees and covenants to abide by all regulations, resolutions, by-laws, and provisions of the master deed for Shadowwood Condominium. Violations of said regulations, resolutions, by-laws, and provisions shall be a violation of this Lease, and solely for the purpose of enforcing this paragraph by eviction, or any other action at law or equity after 15 days notice, via certified letter, return receipt requested, to the Lessor and Lessee of the existence of a violation of this paragraph. If Shadowwood Condominium brings any action to enforce this paragraph, irrespective of whether a suit actually commences in any court, the Lessee and Lessor shall be liable to Shadowwood for all reasonable legal and attorney's fees incurred.

Required Insurance:

Upon acceptance of this Lease, Lessee shall obtain and keep in force during occupancy of a unit upon the property a tenant's insurance policy which is to include liability coverage with a liability limit of at least **\$300,000.00** for bodily injury and property damage losses, or in such other amount as may be fixed by the Board of Directors in accordance with the minimum prevailing standards among insurance carriers authorized to do business in the Commonwealth of Virginia. **WITHIN FIVE (5) DAYS AFTER EXECUTION OF THE LEASE, TENANTS SHALL FURNISH TO THE ASSOCIATION AND LESSOR A CERTIFICATE OF INSURANCE OR A COPY OF THE AFORESAID POLICY TO EVIDENCE THAT THE REQUIRED COVERAGE IS IN EFFECT.**

The Lessor must NOT be declared as an additional insured under the policy obtained.

IN WITNESS WHEREOF, the parties hereto have caused this addendum to be duly executed this _____ day of _____ 2018_{aca}

LESSEE (Tenant)

LESSEE (Tenant)

LESSOR (Landlord)

