



SHADCON-01

CWHOOLOGY

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

06/29/2018

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).

<b>PRODUCER</b> Preferred Insurance Services, Inc 4035 Ridge Top Road, Suite 150 Fairfax, VA 22030	<b>CONTACT NAME:</b> Certificate Department
	<b>PHONE (A/C, No, Ext):</b> (703) 667-5940 <b>FAX (A/C, No):</b> (703) 991-4838
<b>E-MAIL ADDRESS:</b> certs@preferins.com	
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A :</b> Erie Insurance Exchange	<b>NAIC #</b> 26271
<b>INSURER B :</b> Great American E&S Insurance Co	
<b>INSURER C :</b> Accident Fund Insurance Company Of America - Main Carrier Emr	<b>10166</b>
<b>INSURER D :</b> Ironshore Indemnity Inc.	
<b>INSURER E :</b> Continental Casualty Company	<b>20443</b>
<b>INSURER F :</b>	

JUN 29 2018

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

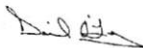
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			Q97-1037007	07/01/2018	07/01/2019	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
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC				\$
	OTHER:						\$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q97-1037007	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			UM1744099	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 10,000,000
							AGGREGATE \$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N    N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WCV6129829	06/22/2018	06/22/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 100,000
							E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
D	<b>Excess Liability</b>			003148500	07/01/2018	07/01/2019	Occurrence/Aggregate \$ 15,000,000
E	<b>Directors &amp; Officers</b>			0250878022	07/01/2018	07/01/2019	\$1,000 Deductible \$ 1,000,000

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

This certificate shows coverages currently in force for the above named insured, and is for internal use only. Please contact the agency if a certificate holder needs to be added: Email: certs@preferins.com

**CERTIFICATE HOLDER****CANCELLATION**

<b>Proof of Insurance</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 



**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Preferred Insurance Services, Inc</b>		NAMED INSURED <b>Shadowood Condominium Association 11639 Stoneview Square Reston, VA 20191</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

**Coverages**

**Fidelity Bond Policy #105658066-Travelers Insurance - effective 10/26/17-10/26/18 Limit \$3,000,000 with \$30,000 Retention. Property Managers/Management Company Included as additional insureds.**

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**Policy Number Q97-1037007 contains the following building coverages at Guaranteed Replacement Cost, with a \$10,000 Deductible, no coinsurance; Earthquake coverage included, Building Ordinance or Law Coverage - Increased Coverage & Income Protection 10% of the limit, Boiler and Machinery: Building Limit, Automatic Adjustment of Coverage Amounts - Inflation Guard included at 1%: 450 Units. Wind/Hail included. Separation of Insureds included in policy language.**

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**The above coverage applies to Shadowood Condominium Assn only, no coverage is provided for unit owners property nor liability. Unit owners betterments and improvements are not included. Coverage applies for original specs as governed by condo by-laws.**

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- 11600-11606 STONEVIEW SQ RESTON VA 20191: \$3,045,500
- 11601-11603 STONEVIEW SQ RESTON VA 20191: \$1,576,500
- 11605-11611 STONEVIEW SQ RESTON VA 20191: \$1,576,500
- 11613-11615 STONEVIEW SQ RESTON VA 20191: \$1,471,500
- 11617-11619 STONEVIEW SQ RESTON VA 20191: \$1,576,500
- 11621-11627 STONEVIEW SQ RESTON VA 20191: \$2,839,000
- 11629-11633 STONEVIEW SQ RESTON VA 20191: \$2,314,500
- 11635-11637 STONEVIEW SQ RESTON VA 20191: \$1,779,500
- 11641-11649 STONEVIEW SQ RESTON VA 20191: \$3,415,000
- 11651-11655 STONEVIEW SQ RESTON VA 20191: \$2,314,500
- 11657-11659 STONEVIEW SQ RESTON VA 20191: \$1,565,500
- 11658-11661 STONEVIEW SQ RESTON VA 20191: \$1,565,500
- 11650-11656 STONEVIEW SQ RESTON VA 20191: \$2,885,000
- 2238-2224 Castle Rock Square RESTON VA 20191: \$2,839,000
- 2232-2236 Castle Rock Square RESTON VA 20191: \$2,839,000
- 2226-2230 Castle Rock Square RESTON VA 20191: \$2,206,000
- 2216-2220 Castle Rock Square RESTON VA 20191: \$2,206,000
- 2206-2214 Castle Rock Square RESTON VA 20191: \$3,583,500
- 2200-2204 Castle Rock Square RESTON VA 20191: \$2,206,000
- 2231-2237 Castle Rock Square RESTON VA 20191: \$2,839,000
- 2239-2245 Castle Rock Square RESTON VA 20191: \$2,839,000
- 2247-2249 Castle Rock Square RESTON VA 20191: \$1,565,500
- 2253 CASTLE ROCK SQUARE RESTON VA 20191: \$1,565,500
- 2255-2259 CASTLE ROCK SQUARE RESTON VA 20191: \$2,523,500
- 11639 STONEVIEW SQUARE RESTON VA 20191: \$631,000

**Cancellation:**

**15 days before the effective date of cancellation if we cancel for nonpayment of premium  
45 days before the effective date of cancellation if we cancel for any other reason.**