



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/22/2023

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: Chad Dodero 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 :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

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:	Y		Q61-0233685	11/01/2023	11/01/2024	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 OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y		Q61-0233685	11/01/2023	11/01/2024	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 checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	Y		Q35-0172825	11/01/2023	11/01/2024	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	Q95-0103620	11/01/2023	11/01/2024	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	BUILDING COVERAGE	Y		Q61-0233685	11/01/2023	11/01/2024	DED 10,000	\$50,643,300 RC

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

Please See Attached
 Abaris Realty Inc Listed As Additional Insured

CERTIFICATE HOLDER**CANCELLATION**

Abaris Realty Inc 7811 Montrose Road Suite 110 Potomac MD 20854	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 Keene Mill Woods II Condominium	
POLICY NUMBER Q61-0233685		EFFECTIVE DATE: 11/01/2023	
CARRIER Erie Insurance	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

Type of Coverage: Single Entity Coverage for unit interior to original plans and specs. Coverage is extended to common areas and amenities.
 Walls in up to the original build covered.
 Improvements & Betterments: Excluded
 Personal Belongings: Excluded
 Unit owner should purchase an HO-6 policy for improvements and personal belongings/liability, etc.
 Causes of Loss: Special Form
 Replacement Cost: 100% Replacement Cost
 Coinsurance: Does not apply
 Property Deductible: \$10,000
 Number of Units: 303
 Inflation Guard: Included
 Wind/hail: Included
 Cancellation Provision: 30 days written notice for cancellation; carrier will notify the named insured
 Ordinance/Law Coverage Included
 Policy # Q61-0233685
 Carrier: Erie Insurance
 Effective Dates: 11/01/2023 11/01/2024
 Limits: Undamaged portion: Full building coverage
 Boiler & Machinery (Equipment Breakdown)
 Policy # Q61-0233685
 Carrier: Erie Insurance
 Effective dates: 11/01/2023 11/01/2024
 Limit: Included in Building Limit
 Deductible: \$10,000
 Separation Of Insureds clause included on GL policy # Q61-0233685
 The Fidelity bond includes coverage for the contracted Property Manager, Its Employees, and Board Members
 CRIME POLICY SSA-392-56-74-13104-00 - COVERAGE 1.8M DED 10K EFF 11/01/23 TO 11/01/24
 DIRECTORS & OFFICERS POLICY EPPE791134-00 - COVERAGE 1M DED 1K EFF 11/01/23 TO 11/01/24