

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2023

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	CONTACT Barbara J Reynolds			
Associated Insurance Management, LLC 1300 Spring Street	PHONE (A/C, No, Ext): (301) 812-2089 FAX (A/C, No):			
Suite 300	E-MAIL ADDRESS: condocerts@aimcommercial.com			
Silver Spring, MD 20910	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: Greater New York Mutual Insurance Co.	22187		
INSURED	INSURER B: Greenwich Insurance Company 22322			
Grosvenor Park Townhouse Condominium COUOO	INSURER C: Pennsylvania Manufacturers' Assoc Ins Co. 12262			
C/O Abaris Realty, Inc. 7811 Montrose Rd. Suite 110	INSURER D : Continental Casualty	20443		
Potomac, MD 20854	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INS	R R	TYPE OF INSURANCE	ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	١	X COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR		BINDER01012024	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 75,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
		X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						\$
P	١ [AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO		BINDER01012024	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
		X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
E	3	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
		EXCESS LIAB CLAIMS-MADE		PPP7483374L24-A-02	1/1/2024	1/1/2025	AGGREGATE	\$ 5,000,000
		DED X RETENTION\$						\$
C	; }	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER	
	1	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	20242010960385Y	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$ 500,000
	((Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
		If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
P	\ E	BLANKET BUILDING		BINDER01012024	1/1/2024	1/1/2025	DEDUCTIBLE \$10,000	51,743,500
[) F	FIDELITY BOND		618768811	1/1/2024	1/1/2025	DEDUCTIBLE \$10,000	1,580,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Locations: Grove Ridge (Way, Court, Place), Englishman (Drive, Court, Place), Nibud Court & Grosvenor Place, Rockville, MD 20852
Replacement Cost, Agreed Value, No Coinsurance, Special Causes of Loss, Wind and Hail Included. Severability of Interest Applies. Waiver of Subrogation Applies.

Number of units in association: 189

The Fidelity coverage includes the Property Management Company and Non-Compensated Officers. Property Manager is included as an insured for actions on behalf of the Association.

10 Days for Cancellation for Non-Payment/30 Days Notice of Cancellation for any other.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATIO

FOR INFORMATIONAL PURPOSES
Certificates may be obtained at:
www.aimcommercial.com/coi or requested from:
condocerts@aimcommercial.com

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZ	ED REPRES	SENTATIVE
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ACORD 25 (2016/03)

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LOC #: 0



ADDITIONAL REMARKS SCHEDULE

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AGENCY Associated Insurance Management, LLC		NAMED INSURED Grosvenor Park Townhouse Condominium COUOO C/O Abaris Realty, Inc. 7811 Montrose Rd. Suite 110 Potomac, MD 20854
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SFF PAGF 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Greater New York Insurance Company
Policy #BINDER01012024
Effective 01/01/2024-2025
Building Ordinance or Law Coverage:
 Undamaged Portion of Building: Included
 Demolition 10% of Building Limit
 Increased Cost of Construction 10% of Building Limit
Equipment Breakdown Included
Inflation Guard Included

Directors & Officers Liability Continental Casualty Insurance Company Policy #618768811 Effective 01/01/2024-2025 Limit \$1,000,000, Deductible \$1,000

The master policy provides coverage for the interior of units as they were originally conveyed by the developer. Improvements installed by unit owners at their own expense are not covered. Subject to terms and conditions of the policy.