



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/YY/YYYY)  
06/02/2021

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Associations Insurance Agency, Inc. 5401 North Central Expressway, Suite 315 Dallas, TX 75205	CONTACT NAME: Associations Insurance Agency, Inc.	
	PHONE: (866)384-8579	FAX: (214)751-2390
E-MAIL ADDRESS: CertificateRequest@AssociationsInsuranceAgency.com		
PRODUCER CUSTOMER ID: 00003921		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Landmark Mews c/o Select Community Services, LLC 4840 Westfields Boulevard, Suite 300 Chantilly VA 20151	INSURER A: Wesco Insurance Company	
	INSURER B: Continental Casualty Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

TOTAL # OF UNITS: 148

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	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	TBD	06/01/2021	06/01/2022	<input checked="" type="checkbox"/> BUILDING	\$ 180,210	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING	BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				\$1,000	EXTRA EXPENSE	\$
	<input type="checkbox"/> SPECIAL				CONTENTS	RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					BLANKET BUILDING	\$
	<input type="checkbox"/> NAMED WIND					BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					BLANKET BLDG & PP	\$
	<input type="checkbox"/> WATER					<input type="checkbox"/> ICE DAMMING DED.	\$
	<input type="checkbox"/> W/H DED. BB					<input checked="" type="checkbox"/> WIND & HAIL DED.	\$ 1,000
C	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
						\$	
B	<input checked="" type="checkbox"/> CRIME	618654338	06/01/2021	06/01/2022	<input checked="" type="checkbox"/> EMPLOYEE THEFT	\$ 750,000	
	TYPE OF POLICY				DEDUCTIBLE	\$ 5,000	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN				LIMIT	Included	
						\$	
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Property Policy is 100% Replacement Cost. In no event shall the limit exceed the Total Insured Value (reflected here in the Building Value) if partial loss is sustained.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
** Insurance Verification **	AUTHORIZED REPRESENTATIVE
	<i>Dana Rawls Hodge</i> Dana Hodge

## COMMENTS / REMARKS

Landmark Mews - CERTIFICATE OF PROPERTY INSURANCE CONT.

If Property coverage is purchased by the Insured, the Certificate Holder, if a mortgagee or lienholder, is a Loss Payee as their interest may appear as respects to the Property coverage.

If a Wind/Hail Deductible Buy Back policy is purchased by the Insured, the Wind/Hail Deductible Buy Back supersedes the Wind/Hail deductible on the Property policy.

We provide at least ten days' notice of cancellation to the first Named Insured on the policy.

If Crime coverage is purchased by the Insured, the management company is an Additional Insured with respects to the Crime policy.

"Associa, Community Management Corporation, Select Community Services, and their employees/representatives, are listed as additionally insured on the General Liability, D&O, Crime, Umbrella policies as required by written contractual agreement and per policy terms and conditions."



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/YY/YYYY)  
06/02/2021

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<b>PRODUCER</b> Associations Insurance Agency, Inc. 5401 North Central Expressway, Suite 315 Dallas, TX 75205		<b>CONTACT NAME: Associations Insurance Agency, Inc.</b>	
		PHONE: (866)384-8579	FAX: (214)751-2390
		E-MAIL ADDRESS: CertificateRequest@AssociationsInsuranceAgency.com	
		PRODUCER CUSTOMER ID: 00003921	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
<b>INSURED</b> Landmark Mews c/o Select Community Services, LLC 4840 Westfields Boulevard, Suite 300 Chantilly VA 20151		INSURER A: Wesco Insurance Company	
		INSURER B: Columbia Casualty Company	
		INSURER C: Continental Casualty Company	
		INSURER D: Pennsylvania Manufacturers'	
		INSURER E:	
		INSURER F:	

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS			
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			TBD	06/01/2021	06/01/2022	EACH OCCURRENCE	\$ \$1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$100,000		
	<input type="checkbox"/> SEVERABILITY OF INTEREST						MED EXP (Any one person)	\$ \$5,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ \$1,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ \$2,000,000		
	OTHER:						PRODUCTS - COMP/OP AGG	\$ \$2,000,000		
A	<b>AUTOMOBILE LIABILITY</b>			TBD	06/01/2021	06/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ Included		
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
								\$		
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUE6043203290	06/01/2021	06/01/2022	EACH OCCURRENCE	\$ \$10,000,000		
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ \$10,000,000		
	DED <input checked="" type="checkbox"/> RETENTION \$ \$0							\$		
D	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>	N/A		201901-07-05-21-0Y	11/30/2019	11/30/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. EACH ACCIDENT	\$ 1,000,000
									E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
									E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	<b>Directors &amp; Officers</b>			618654338	06/01/2021	06/01/2022	LIMIT	\$ 1,000,000		
							DEDUCTIBLE	\$ 1,000		

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

If General Liability coverage is purchased by the Insured, the management company is an Additional Insured with respects to the General Liability policy.

**CERTIFICATE HOLDER****CANCELLATION**

** Insurance Verification **	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  

## COMMENTS / REMARKS

Landmark Mews - CERTIFICATE OF LIABILITY INSURANCE CONT.

If Umbrella Liability coverage is purchased by the Insured, the Umbrella Liability policy is following form as per the General Liability policy.

We provide at least ten days' notice of cancellation to the first Named Insured on the policy.