

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.

Please be advised that this is a single-family association. This policy only covers the common areas for the association (fences, signs, gates, pools, clubhouse, etc.). There is no residential building coverage. Each unit owner will need to provide his or her own coverage.

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/YYY)
06/06/2022

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	
INSURED Landmark Mews c/o Select Community Services, LLC 4840 Westfields Blvd, Ste. 300 Chantilly, VA 20153		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance INSURER B: Philadelphia Indemnity Insurance INSURER C: Continental Casualty Company INSURER D: Pennsylvania Manufacturers' INSURER E: INSURER F:	NAIC #

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 DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> SEVERABILITY OF INTEREST GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PHPK2418421	06/01/2022	06/01/2023	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 <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK2418421	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ Included BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB816546	06/01/2022	06/01/2023	EACH OCCURRENCE \$ \$5,000,000 AGGREGATE \$ \$5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		202101-07-05-21-0Y	11/30/2021	11/30/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Directors & Officers			618654338	06/01/2022	06/01/2023	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 ** Insurance Verification **	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. AUTHORIZED REPRESENTATIVE  Dana Hodge
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COMMENTS / REMARKS

Landmark Mews - CERTIFICATE OF LIABILITY INSURANCE CONT.

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

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