

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/16/2024

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 Associated Insurance Management, LLC 300 Spring Street Suite 300 Bilver Spring, MD 20910 | | CONTACT Barbara J Reynolds | | | |
|---|--|--|--------|--|--|
| | | PHONE (A/C, No, Ext): (301) 812-2089 FAX (A/C, No): | | | |
| | | E-MAIL ADDRESS: condocerts@aimcommercial.com | | | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # | | |
| | | INSURER A: Harford Mutual Insurance Co. | 14141 | | |
| NSURED | Greencastle Manor II Condominium | INSURER B: Federal Insurance Company | 20281 | | |
| | c/o Abaris Realty, Inc. 7811 Montrose Road Suite 110 Potomac, MD 20854 | INSURER C: Pennsylvania Manufacturers' Assoc Ins Co. | 12262 | | |
| | | INSURER D : Continental Casualty 2044 | | | |
| | | 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 | TYPE OF INSURANCE | ADDL S | SUBR | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMIT | s |
|------|--|--------|----------------|----------------------------|---------------|---|--------------|
| A | X COMMERCIAL GENERAL LIABILITY | INSD | WVVD | (MINI/DD/1111) | (MIM/DD/1111) | EACH OCCURRENCE | \$ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | MP10804407 | 6/27/2024 | 6/27/2025 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | \$ 3,000,000 |
| | X POLICY PRO- JECT LOC | | | | | PRODUCTS - COMP/OP AGG | \$ 3,000,000 |
| | OTHER: | | | | | | \$ |
| Α | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | ANY AUTO | | MP10804407 | 6/27/2024 | 6/27/2025 | BODILY INJURY (Per person) | \$ |
| | OWNED SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ |
| В | X UMBRELLA LIAB X OCCUR | | | | | EACH OCCURRENCE | \$ 5,000,000 |
| | EXCESS LIAB CLAIMS-MAD | | G74726756 | 6/27/2024 | 6/27/2025 | AGGREGATE | \$ 5,000,000 |
| | DED X RETENTION \$ |) | | | | | \$ |
| С | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | X PER OTH- STATUTE OTH- ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | 2024010897785Y | 6/27/2024 | 6/27/2025 | E.L. EACH ACCIDENT | \$ 500,000 |
| | (Mandatory in NH) | N/A | | | | E.L. DISEASE - EA EMPLOYEE | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | |
| Α | BLANKET BUILDING | | MP10804407 | 6/27/2024 | 6/27/2025 | DEDUCTIBLE \$10,000 | 44,274,288 |
| D | FIDELITY/CRIME | | 0251328138 | 6/27/2024 | 6/27/2025 | DEDUCTIBLE \$250 | 600,000 |
| | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Locations: 13800-13965 Palmer House Way, 3400-3551 Bruton Parish Way and 13800-13864 Carter House Way, Silver Spring, Maryland 20904
Building Extended Replacement Cost - 125%, Agreed Value, Special Causes of Loss, No Coinsurance, Wind and Hail Included. Severability of Interest applies.
Waiver of Subrogation applies. Number of units in association: 176

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 | CANCELLATION |
|--------------------|--------------|
| | |

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 REPRESEI | NTATIVE |
|----------|-------------|---------|
| 2.1 | ra Rey | 110 |
| J XX ba | na Kly | nolois |

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

LOC #: 0



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| AGENCY | | NAMED INSURED | |
|--------------------------------------|-----------|--|--|
| Associated Insurance Management, LLC | | Greencastle Manor II Condominium c/o Abaris Realty, Inc. | |
| POLICY NUMBER | | 7811 Montrose Road Suite 110 Potomac, MD 20854 | |
| SEE PAGE 1 | | | |
| CARRIER | NAIC CODE | - Montgomery | |
| SEE PAGE 1 | SEE P 1 | FFFFCTIVE DATE: CEE DACE 4 | |

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:
Additional Property Coverages:
Harford Mutual Insurance Company
Policy Number #MP10804407
Effective 06/27/2024-2025
Building Ordinance or Law Coverage:
Undamaged Portion of Building Included
Demolition Limit \$100,000

Increased Cost of Construction Limit \$100,000 Boiler and Machinery coverage is not required; there are no shared HVAC systems.

Inflation guard is not required since policy values are reviewed and updated on an annual basis.

DIRECTORS & OFFICERS LIABILITY Continental Casualty Company Policy #0251328138 Effective 06/27/2024-2025 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 (original specifications). Improvements installed by unit owners are not covered. Subject to terms and conditions of the policy.