



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2024

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 1300 Spring Street Suite 300 Silver Spring, MD 20910	CONTACT NAME: 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
INSURED Miramont Villas Condominium, Inc. TCOUOO C/O Abaris Realty, Inc. 7811 Montrose Road Suite 110 Potomac, MD 20854	INSURER A: Greater New York Mutual Insurance Co. NAIC # 22187
	INSURER B: Federal Insurance Company 20281
	INSURER C: Pennsylvania Manufacturers' Assoc Ins Co. 12262
	INSURER D: Continental Casualty 20443
	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1119M30204	1/1/2024	1/1/2025	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	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1119M30204	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$ 0			G74650600	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	2024011506385Y	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	BLANKET BUILDING			1119M30204	1/1/2024	1/1/2025	DEDUCTIBLE \$10,000 43,298,000
D	DIRECTORS & OFFICERS			618655991	1/1/2024	1/1/2025	DEDUCTIBLE \$1,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Location: 6050 & 6060 California Circle, Rockville, MD 20852
 Building 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: 120
 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 FOR INFORMATIONAL PURPOSES Certificates may be obtained at: www.aimcommercial.com/coi or requested from: condocerts@aimcommercial.com	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 
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ADDITIONAL REMARKS SCHEDULE

AGENCY Associated Insurance Management, LLC		NAMED INSURED Miramont Villas Condominium, Inc. TCOUOO C/O Abaris Realty, Inc. 7811 Montrose Road Suite 110 Potomac, MD 20854	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 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:**Additional Coverage:**

Greater New York Insurance Company

Policy Number 1119M30204

Effective 01/01/2024-2025

Contents \$70,000 Limit, \$10,000 Deductible

Building Ordinance or Law Coverage:

Undamaged Portion of Building Included

Demolition and Increased Cost of Construction Limit \$5,000,000

Business Income and Extra Expense - 12 Months - Actual Loss Sustained

Flood \$5,000,000 Limit, \$25,000 Deductible

Earthquake \$5,000,000 Limit, \$25,000 Deductible

Hartford Steam Boiler Inspection

Policy Number FBP2373247

Effective 01/01/2024-2025

Boiler and Machinery

Limit \$31,526,052, Deductible \$10,000

Fidelity Bond/Crime:

CNA Insurance Company

Policy Number 618919873

Effective 01/01/2024-2025

Limit \$2,250,000, Deductible \$15,000

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