Insurance Dec Page The Chateaux A Condominium

Order: SD45GRJ53

Address: 3113 Patrick Henry Dr Apt 523

Order Date: 01-28-2021 Document not for resale

HomeWiseDocs



CERTIFICATE OF LIABILITY INSURANCE

2197579						
DATE (MM/DD/YYYY)						

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFIC	ATE HOLDER. THE
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 INSURE	R(S), AUTHORIZED

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). MAME: Hardy Insurance Agency, Inc. 9400E (AC No Ent. 703-503-3100 E-MAE AG08555: AC, Nak 703-503-9028 Hardy Insurance Agency 10507 Braddock Rd. Ste. D Fairfax, VA 22032-2236 INSURER(S) AFFORDING COVERAGE NAIC# INSURER B INSURER C INSURER D 3101-3103 Patrick Henry Dr. INSURER E

INSURER F

THIS IS O CERTIFY THAT THE POLICES OF RISINANCE LISTED BELOW HAVE BEEN ISSUED TO THE INJURIED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOWINTHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOLICHENT WITH RESPECT THE WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LISTED SHOWN MAY HAVE BEEN REQUEDED BY PAID CLAIMS.								
THE	TYPE OF INSURANCE	NSR.	WVD	POLICY NUMBER	PSYSTER.	PSPACTERS.	LIMIT	9
	COMMERCIAL GENERAL LIABILITY							\$1,000,000 \$300,000
Α	CLABIS-MADE X OCCUR			ACP BPSK2412998897	2/28/2020	2/29/2021	MED EXP (Any one person)	\$5,000
	X Non-owned Auto	ı					PERSONAL & ADV INJURY	\$1,000,000
	\$1,000,000						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
2	POLICY PRO X LOC	ш		618894912	02/29/2020	02/28/2021		\$1,000,000
λ	AUTOMOBILE LIABILITY			ACP BPHK2412998897	02/28/2020	02/28/2021	COMBINED SINGLE LIMIT (Ea accident)	§ 1000000
	ANY AUTO						BCDILY INJURY (Per person)	\$
	ALLOWNED SCHEDULED AUTOS						BCDILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED						PROPERTY DAMAGE (Per accident)	\$
								s
	UMBRELLA LIAB X OCCUR	П					EACH OCCURRENCE	\$5,000,000
С	EXCESS LIAB CLAMS-MADE	1 1		CUE 6046454273	2/28/2020	2/28/2021	AGGREGATE	\$5,000,000
	DED RETENTIONS							s
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR PARTNERS EXCUTIVE OFFICE PARTNERS EXCUTIVE (Mandatory in NI)						TORY LIMITS ER	
							E.L. EACH ACCIDENT	s
							E.L. DISEASE - EA EMPLOYEE	s
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s
2	Employee Dishonesty			618894912	02/28/2020	02/28/2021	Policy Occur \$1,50	0,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / Artsch ACORD 101. Additional Remarks Schedule. If more space is required

Severability of insurance clause applies. Ordinance or Law Included. Equipment Breakdown Included.

100% Replacement cost subject to condominium by-laws. Employee dishonesty covers the management company and the association. Automatic Increase in Insurance - Building 3%.

(See Attached Schedule)

CERTIFICATE HOLDER	CANCELLATION				
Sequois Management 3101-3103 Patrick Henry Dr.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Falls Church, VA 22044					
Loan Number: None	AUTHORIZED REPRESENTATIVE				

ACORD 25 (2010/05)

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Nationwide Mutual Fire Insurance Company Policy #: ACP BPHK2422998897 Effective Dates: 02/28/2020-02/28/2021

001- (Condo Residential) 3101 Patrick Henry Dr. #3103, Falls Church, VA 22044 Extra Expense/Special Form PB0002, 12 Months ALS

Extra expense/special rorm P80002, 12 months ALS Building 100% Replacement Cost/Special Form P80002 \$4,468,100 Ded: \$5,000 Business Income/Special Form P80002 12 Months ALS

Personal Property 100% Replacement Cost/Special Form \$14,700 Ded: \$5,000

002- (Condo Residential) 3109 Patrick Henry Dr. #3111, Falls Church, VA 22044 Extra Expense/Special Form PB0002, 12 Months ALS

Building 100% Replacement Cost/Special Form PB0002 \$4,468,100 Ded: \$5,000 Business Income/Special Form PB0002 12 Months ALS

Personal Property 100% Replacement Cost/Special Form \$14,700 Ded: \$5,000

003- (Condo Residential) 3113 Patrick Henry Dr. #3115, Falls Church, VA 22044 Extra Expense/Special Form PB0002, 12 Months ALS

Building 100% Replacement Cost/Special Form PB0002 \$4,468,100 Ded: \$5,000 Business Income/Special Form PB0002 12 Months ALS

Personal Property 100% Replacement Cost/Special Form \$14,700 Ded: \$5,000

004- (Condo Residential) 3117 Patrick Henry Dr. #3119, Falls Church, VA 22044 Extra Expense/Special Form PB0002, 12 Months ALS

Building 100% Replacement Cost/Special Form PB0002 \$4,468,100 Ded: \$5,000 Business Income/Special Form PB0002 12 Months ALS

Personal Property 100% Replacement Cost/Special Form \$14,700 Ded: \$5,000 005- (Condo Residential) 3121 Patrick Henry Dr. #3123, Falls Church, VA 22044

Extra Expense/Special Form PB0002, 12 Months ALS
Building 100% Replacement Cost/Special Form PB0002 \$4,468,100 Ded; \$5,000

Business Income/Special Form PB0002 12 Months ALS Personal Property 100% Replacement Cost/Special Form \$57,100 Ded: \$5,000

006- (Condo Residential) 3125 Patrick Henry Dr. #3127, Falls Church, VA 22044

Extra Expense/Special Form PB0002, 12 Months ALS
Building 100% Replacement Cost/Special Form PB0002 \$4,468,100 Ded: \$5,000
Business Income/Special Form PB0002 12 Months ALS

Personal Property 100% Replacement Cost/Special Form \$14,700 Ded: \$5,000

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Hardy Insurance Agency, Inc.

007-(Clubhouse) 3107 Patrick Henry Dr., Falls Church, VA 22044

Extra Expense/Special Form PB0002, 12 Months ALS

Building 100% Replacement Cost/Special Form PB0002 \$397,300 Ded: \$5,000 Business Income/Special Form PB0002 12 Months ALS

Personal Property 100% Replacement Cost/Special Form \$43,000 Ded: \$5,000

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