

**CERTIFICATE OF LIABILITY INSURANCE**

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Ins Svcs LLC-CL/Condo 3190 Fairview Park Drive Suite 400 Falls Church, VA 22042-4546	<b>CONTACT NAME:</b> USI Insurance Services LLC
	<b>PHONE (A/C, No, Ext):</b> 877-456-3643 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> www.eoidirect.com
<b>INSURED</b> Watergate At Landmark Condominium Unit Owners Association 211 Yoakum Parkway Alexandria, VA 22304	INSURER(S) AFFORDING COVERAGE      NAIC #
	INSURER A : Travelers Indemnity Company      25658
	INSURER B : Travelers Casualty & Surety Co. of Amer      31194
	INSURER C :
	INSURER D :
	INSURER E :


**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 INSR	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:			6302L638493	09/30/2022	09/30/2023	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
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE      \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE      OTH-ER
							E.L. EACH ACCIDENT      \$
							E.L. DISEASE - EA EMPLOYEE      \$
							E.L. DISEASE - POLICY LIMIT      \$
A	Building			6302L638493	09/30/2022	09/30/2023	\$327,429,387 -100% RC
B	Fidelity Bond			105686508	09/30/2022	09/30/2023	\$11,500,000/\$70,000 Ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> Watergate At Landmark Condominium Unit Owners Association 211 Yoakum Parkway Alexandria, VA 22304	<b>CANCELLATION</b> 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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## DESCRIPTIONS (Continued from Page 1)

Type of Coverage: Single Entity Coverage for unit interior to original plans and specs. Coverage is extended to common areas and amenities.

Improvements & Betterments: Excluded

Personal Belongings: Excluded

Unit owner should purchase an HO-6 policy for improvements and personal belongings/liability, etc.

Causes of Loss: Special Form

Replacement Cost: 100%

Coinsurance: Does not apply

Property Deductible: \$25,000

Number of Units: 1,460

Inflation Guard: Not included

Wind/hail: Not excluded

Cancellation Provision: 10 days for non-payment and 30 days for any other reasons. The carrier will only notify the named insured.

Ordinance/Law Coverage

Policy # 6302L638493

Carrier: Travelers Insurance

Effective dates: 09/30/2022 - 09/30/2023

Limits: Undamaged portion: Full building coverage

Increased Cost of Construction & Demolition: \$10,000,000

Boiler & Machinery (Equipment Breakdown)

Policy # 6302L638493

Carrier: Travelers Insurance

Effective dates: 09/30/2022 - 09/30/2023

Limit: \$ \$327,429,387

Deductible: \$10,000

Cyber Liability

Policy # 107698392

Carrier: Travelers Casualty & Surety Co. of Amer

Effective dates: 09/30/2022 -09/30/2023

Limit: \$500,000

Deductible: \$2,500

Separation Of Insureds clause included on GL policy # 6302L638493.

The Fidelity bond includes coverage for FirstService Residential DC Metro, LLC for financial services