

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE  
12/06/2007

**PRODUCER**  
Insurance Designers Inc.  
9315 Center Street  
Suite 102  
Manassas VA 20110-

**INSURED**  
Fairlington Mews Condominium Association  
C/O Community Management Corp.  
12701 Fair Lakes Circle #400  
Fairfax VA 22033-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

INSURER A: HARTFORD MUTUAL INSURANCE COMPANY  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	8093857	06/01/2007	06/01/2008	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Fidelity-The Hartford	06/01/2007	06/01/2008	FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> FIDELITY \$1,000,000	#00PA0232340-07	/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> D&O \$1,000,000		/ /	/ /	GENERAL AGGREGATE \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:		/ /	/ /	PRODUCTS - COMPOD AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY	8093857	06/01/2007	06/01/2008	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		/ /	/ /	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	OTHER THAN EA ACC AUTO ONLY: AGG \$
	GARAGE LIABILITY		/ /	/ /	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> ANY AUTO		/ /	/ /	AGGREGATE \$ 4,000,000
A	EXCESS LIABILITY	7945988	06/01/2007	06/01/2008	
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	
	<input type="checkbox"/> DEDUCTIBLE		/ /	/ /	
	<input checked="" type="checkbox"/> RETENTION \$ 10,000		/ /	/ /	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	EL EACH ACCIDENT \$
			/ /	/ /	EL DISEASE - EA EMPLOYEE \$
	OTHER		/ /	/ /	EL DISEASE - POLICY LIMIT \$
A	SPECIAL FORM REPLACEMENT COST	8093857	06/01/2007	06/01/2008	BLANKET BUILDING 35,747,512
					DEDUCTIBLE 2,500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
( ) -	( ) -	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE <i>Paul J. Cohen</i>