

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE
05/31/2011

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

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

INSURED
Fairlington Mews Condominium Association
C/O Community Management Corp.
4840 Westfields Blvd. #300
Chantilly VA 20151-

INSURER A: HARFORD MUTUAL INSURANCE COMPANY
INSURER B: TRAVELERS CASUALTY & SURETY
INSURER C: FIREMANS FUND INSURANCE COMPANY
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	8123900	06/01/2011	06/01/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Fidelity-Travelers	06/01/2010	06/01/2011	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 \$1,500,000	#105277341- Travelers	/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
<input checked="" type="checkbox"/> D&O \$1,000,000	GENERAL AGGREGATE \$ 2,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		/ /	/ /	
A	AUTOMOBILE LIABILITY	8123900	06/01/2011	06/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		/ /	/ /	
	<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$	
GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO		/ /	/ /	OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
C	EXCESS LIABILITY	79932519-0100	06/01/2011	06/01/2012	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DEDUCTIBLE		/ /	/ /	\$
	<input type="checkbox"/> RETENTION \$		/ /	/ /	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	4055696	06/01/2011	06/01/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
			/ /	/ /	E.L. EACH ACCIDENT \$ 500,000
			/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$ 500,000
			/ /	/ /	E.L. DISEASE - POLICY LIMIT \$ 500,000
A	OTHER SPECIAL FORM REPLACEMENT COST	8123900	06/01/2011	06/01/2012	BLANKET BUILDING 46,971,000 DEDUCTIBLE 2,500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS FOR INFORMATIONAL PURPOSES ONLY

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
() -	() -	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.
PATRICIA PARK COMMUNITY MANAGEMENT CORP 4840 WESTFEILDS BLVD SUITE 300 CHANTILLY VA 20151-		AUTHORIZED REPRESENTATIVE <i>Mary Jo Carter</i>