

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE
06/01/2010

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: HARFORD MUTUAL INSURANCE COMPANY
INSURER B: TRAVELERS CASUALTY & SURETY
INSURER C: FEDERAL 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 | 8115784 | 06/01/2010 | 06/01/2011 | 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: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A | AUTOMOBILE LIABILITY | 8115784 | 06/01/2010 | 06/01/2011 | 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 checked="" type="checkbox"/> HIRED AUTOS | | / / | / / | PROPERTY DAMAGE (Per accident) \$ |
| | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | / / | / / | |
| | GARAGE LIABILITY | | / / | / / | AUTO ONLY - EA ACCIDENT \$ |
| | <input type="checkbox"/> ANY AUTO | | / / | / / | OTHER THAN EA ACC \$ |
| | | | / / | / / | AUTO ONLY: AGG \$ |
| C | EXCESS LIABILITY | 79932519-0100 | 06/01/2010 | 06/01/2011 | 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 | 4051041 | 06/01/2010 | 06/01/2011 | <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 | 8115784 | 06/01/2010 | 06/01/2011 | BLANKET BUILDING 46,514,306 DEDUCTIBLE 2,500 |

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

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|--|---|
| <p>CERTIFICATE HOLDER</p> <p>() - () -</p> <p>JASON EGLIN COMMUNITY MANAGEMENT CORP 12701 FAIR LAKES CIRCLE, #400 FAIRFAX VA 22033-</p> | <p>CANCELLATION</p> <p>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.</p> <p>AUTHORIZED REPRESENTATIVE <i>Neal P. Cohen</i></p> |
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