



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/20/2024

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

PRODUCER Cascade Insurance Group, LLC 1100 N Glebe Road, Suite 1010 Arlington VA 22201		CONTACT NAME: Chad Dodero PHONE (A/C, No, Ext): (703)551-2000 E-MAIL ADDRESS: Chad@Cascadeig.com		FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : ERIE INSURANCE EXCHANGE		26271
INSURED Tanyard Springs HOA C/O Abaris Realty Inc 7811 Montrose Road Suite 110 Potomac MD 20854		INSURER B : GREAT AMERICAN INSURANCE		16691
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

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 INSD	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		Q61-0172519	04/01/2024	04/01/2025	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
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y		Q61-0172519	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$	Y		Q28-0174103	04/01/2024	04/01/2025	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Q88-0105872	04/01/2024	04/01/2025	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	CLUBHOUSE/OUTDOOR PROPERTY	Y		Q61-0172519	04/01/2024	04/01/2025	DED \$5,000	\$2,206,000 GRC

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

SEE ADDITIONAL PAGE

Abaris Realty Inc Listed As Additional Insured

CERTIFICATE HOLDER**CANCELLATION**

Abaris Realty Inc 7811 Montrose Road Suite 110 Potomac MD 20854	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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Fax:

Email:

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ACORD 25 (2016/03)

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ADDITIONAL REMARKS SCHEDULE

AGENCY Cascade Insurance Group, LLC		NAMED INSURED Tanyard Springs HOA	
POLICY NUMBER Q61-0172519			
CARRIER ERIE INSURANCE	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: _____ FORM TITLE: _____**

Type of Coverage: Coverage is for common areas and amenities.
 Causes of Loss: Special Form
 Replacement Cost: Guaranteed Replacement Cost
 Coinsurance: Does not apply
 Property Deductible: \$5,000
 Number of Units: 1424
 Inflation Guard: Included
 Wind/hail: Included
 Cancellation Provision: 30 days for non-payment. The carrier will notify the named insured.
 Policy # Q61-0172519
 Carrier: Erie Insurance
 Effective dates: 04-01-24 TO 04-01-25
 Limits: Undamaged portion: Full building coverage
 Building Ordinance & Law Included
 Boiler & Machinery (Equipment Breakdown)
 Policy # Q61-0172519
 Carrier: ERIE INSURANCE
 Effective dates: 04-01-24 TO 04-01-25
 Limit: Included in Building Limit
 Deductible: \$5,000
 Separation Of Insureds clause included on GL policy # Q61-0172519
 The Fidelity bond includes coverage for the contracted Property Manager, its Employees, and Board Members
 Directors and Officers Coverage \$1,000,000 DED \$2,500 effective 04-01-24 TO 04-01-25
 Crime / Employee Dishonesty Coverage \$2,000,000 DED \$10,000 EFF 04-01-24 TO 04-01-25