



STONRID-01

LRYDER

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2022

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).

| <b>PRODUCER</b><br><b>Sahouri Ins &amp; Financial</b><br><b>8200 Greensboro Drive</b><br><b>Suite 1550</b><br><b>Mc Lean, VA 22102</b> | <b>CONTACT NAME:</b> Tyler Robinson<br><b>PHONE (A/C, No, Ext):</b><br><b>FAX (A/C, No):</b> (855) 242-6660<br><b>E-MAIL ADDRESS:</b> COI@sahouri.com  |                               |        |  |              |  |  |  |  |             |  |             |  |             |  |
|--|--|-------------------------------|--------|--|--------------|--|--|--|--|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b><br><br><b>Stone Ridge Association, Inc.</b><br><b>24605 Stone Carver Drive</b><br><b>Aldie, VA 20105</b>                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : <b>Erie Insurance Exchange</b></td> <td style="text-align: center;"><b>26271</b></td> </tr> <tr> <td>INSURER B : <b>Greenwich Insurance Company</b></td> <td></td> </tr> <tr> <td>INSURER C : <b>Pennsylvania Manufacturers' Association Insurance</b></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : <b>Erie Insurance Exchange</b> | <b>26271</b> | INSURER B : <b>Greenwich Insurance Company</b> |  | INSURER C : <b>Pennsylvania Manufacturers' Association Insurance</b> |  | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE  | NAIC #   |                               |        |  |              |  |  |  |  |             |  |             |  |             |  |
| INSURER A : <b>Erie Insurance Exchange</b>   | <b>26271</b>   |                               |        |  |              |  |  |  |  |             |  |             |  |             |  |
| INSURER B : <b>Greenwich Insurance Company</b>   |  |                               |        |  |              |  |  |  |  |             |  |             |  |             |  |
| INSURER C : <b>Pennsylvania Manufacturers' Association Insurance</b>   |  |                               |        |  |              |  |  |  |  |             |  |             |  |             |  |
| 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  |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
|---|---|-------------------|----------|--------------------------------|-------------------------|-------------------------|---|---|----|-------------------|---|----|-------------------|------------------------------|----|----------------|--------------------------------|----|------------------|-------------------|----|------------------|------------------------|----|------------------|--|----|--|
| <b>A</b>  | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |                   |          | <b>Q97-2428002</b>             | <b>12/29/2022</b>       | <b>12/29/2023</b>       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>5,000</b></td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>2,000,000</b></td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>2,000,000</b></td></tr> <tr><td></td><td style="text-align: right;">\$</td><td></td></tr> </table> | EACH OCCURRENCE   | \$ | <b>1,000,000</b>  | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | <b>1,000,000</b>  | MED EXP (Any one person)     | \$ | <b>5,000</b>   | PERSONAL & ADV INJURY          | \$ | <b>1,000,000</b> | GENERAL AGGREGATE | \$ | <b>2,000,000</b> | PRODUCTS - COMP/OP AGG | \$ | <b>2,000,000</b> |  | \$ |  |
| EACH OCCURRENCE   | \$  | <b>1,000,000</b>  |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$  | <b>1,000,000</b>  |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| MED EXP (Any one person)  | \$  | <b>5,000</b>      |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| PERSONAL & ADV INJURY   | \$  | <b>1,000,000</b>  |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| GENERAL AGGREGATE   | \$  | <b>2,000,000</b>  |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| PRODUCTS - COMP/OP AGG  | \$  | <b>2,000,000</b>  |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
|   | \$  |                   |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| <b>A</b>  | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |                   |          | <b>Q12-2930855</b>             | <b>12/29/2022</b>       | <b>12/29/2023</b>       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td></td><td style="text-align: right;">\$</td><td></td></tr> </table>   | COMBINED SINGLE LIMIT (Ea accident)   | \$ | <b>1,000,000</b>  | BODILY INJURY (Per person)                | \$ |                   | BODILY INJURY (Per accident) | \$ |                | PROPERTY DAMAGE (Per accident) | \$ |                  |                   | \$ |                  |                        |    |                  |  |    |  |
| COMBINED SINGLE LIMIT (Ea accident)   | \$  | <b>1,000,000</b>  |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| BODILY INJURY (Per person)  | \$  |                   |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| BODILY INJURY (Per accident)  | \$  |                   |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| PROPERTY DAMAGE (Per accident)  | \$  |                   |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
|   | \$  |                   |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| <b>B</b>  | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>  |                   |          | <b>PPP744000209-PPP7482940</b> | <b>12/29/2022</b>       | <b>12/29/2023</b>       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>15,000,000</b></td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>15,000,000</b></td></tr> <tr><td></td><td style="text-align: right;">\$</td><td></td></tr> </table>   | EACH OCCURRENCE   | \$ | <b>15,000,000</b> | AGGREGATE                                 | \$ | <b>15,000,000</b> |                              | \$ |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| EACH OCCURRENCE   | \$  | <b>15,000,000</b> |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| AGGREGATE   | \$  | <b>15,000,000</b> |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
|   | \$  |                   |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| <b>C</b>  | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |                   |          | <b>202201-13-67-18-4Y</b>      | <b>12/29/2022</b>       | <b>12/29/2023</b>       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>500,000</b></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>500,000</b></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>500,000</b></td></tr> </table>   | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |    |                   | E.L. EACH ACCIDENT                        | \$ | <b>500,000</b>    | E.L. DISEASE - EA EMPLOYEE   | \$ | <b>500,000</b> | E.L. DISEASE - POLICY LIMIT    | \$ | <b>500,000</b>   |                   |    |                  |                        |    |                  |  |    |  |
| <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |   |                   |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| E.L. EACH ACCIDENT  | \$  | <b>500,000</b>    |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| E.L. DISEASE - EA EMPLOYEE  | \$  | <b>500,000</b>    |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| E.L. DISEASE - POLICY LIMIT   | \$  | <b>500,000</b>    |          |                                |                         |                         |   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| <b>A</b>  | <b>Blanket Property</b>   |                   |          | <b>Q97-2428002</b>             | <b>12/29/2022</b>       | <b>12/29/2023</b>       | <b>Limit of Insurance</b>   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |
| <b>A</b>  | <b>Blanket Property</b>   |                   |          | <b>Q97-2428002</b>             | <b>12/29/2022</b>       | <b>12/29/2023</b>       | <b>Deductible</b>   |   |    |                   |   |    |                   |                              |    |                |                                |    |                  |                   |    |                  |                        |    |                  |  |    |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 There are 3474 units on this property. Property coverage is written on a Extended Replacement Cost Basis (125%).

Coverage is provided for HOA common areas only. (Clubhouses, pools, Amphitheater, Fences and Lights, Fountain, Tot Lot, Speed Limit Trailer, Gazebo, Shed, etc.).

Unit owners will need to supply liability coverage for their homes or seek coverage from their respective condominium association (separate entities).

SEE ATTACHED ACORD 101

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br><b>Stone Ridge Association, Inc.</b><br><b>24605 Stone Carver Drive</b><br><b>Aldie, VA 20105</b> | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|



## ADDITIONAL REMARKS SCHEDULE

|  |                             |  |  |
|--|-----------------------------|--|--|
| AGENCY<br><b>Sahouri Ins &amp; Financial</b> |                             | NAMED INSURED<br><b>Stone Ridge Association, Inc.<br/>24605 Stone Carver Drive<br/>Aldie, VA 20105</b> |  |
| POLICY NUMBER<br><b>SEE PAGE 1</b>           |                             |  |  |
| CARRIER<br><b>SEE PAGE 1</b>                 | NAIC CODE<br><b>SEE P 1</b> | EFFECTIVE DATE: <b>SEE PAGE 1</b>  |  |

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

General Liability includes separation of insureds clause.

Agreed Amount applies - No Coinsurance. Special form.

Equipment Breakdown is included.

Wind/hail coverage not excluded.

Building values reviewed annually at renewal.

Ordinance or Law (Increased Cost of Construction & Demolition combined) - 10% of building limit

Ordinance or Law – (Undamaged portion of the building) - included at full building limits

According to our files the referenced association is not located within a special flood hazard area.

Earthquake is included on a blanket basis, for the total Building and Personal Property (\$6,868,500) with a 2% deductible.

Separation of Insureds clause included on General Liability coverage.

Cancellation notice provided to first named insured only as follows: 15 days in the event of non-payment; 45 days for all other reasons.

Fidelity Bond (Employee Theft) coverage is provided with a limit of \$4,500,000 subject to a \$25,000 deductible by Travelers Insurance. Co Policy # 107359816 effective 12/29/2022-2023. Coverage is INCLUDED for designated agents (Property Manager & Employees) as employees covered for Employee Theft.

Directors & Officers coverage is provided with a limit of \$2,000,000 subject to a \$10,000 deductible by the Greenwich Insurance. Co Policy # PPDO745000103-PDO7466752 effective 12/29/2022-2023. Coverage is INCLUDED for designated agents (Property Manager & Employees).

Cyber coverage is included on policy number ATB-6793432-01 through Trisera Specialty Insurance Company effective 12/29/2022-2023, with a total limit of \$1,000,000 and a deductible of \$2,500.

**Proof of Insurance**