



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/3/2024

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 Sahouri Ins & Financial 8200 Greensboro Drive Suite 1550 McLean VA 22102 | CONTACT NAME: PHONE (A/C No. Ext): 703-883-0500 | | FAX (A/C, No): 855-242-6660 |
| | E-MAIL ADDRESS: coi@sahouri.com | | |
| INSURER(S) AFFORDING COVERAGE | | | NAIC # |
| INSURER A : Erie Insurance Exchange | | | 26271 |
| INSURED Stone Ridge Association, Inc. 24605 Stone Carver Drive Aldie VA 20105 | INSURER B : Greenwich Insurance Company | | |
| | INSURER C : Pennsylvania Manufacturers' Association Insurance | | |
| | INSURER D : | | |
| | INSURER E : | | |
| INSURER F : | | | |

COVERAGES

CERTIFICATE NUMBER: 1612962899

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | Q97-2428002 | 12/29/2023 | 12/29/2024 | 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 | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | Q12-2930855 | 12/29/2023 | 12/29/2024 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | TBD | 12/29/2023 | 12/29/2024 | EACH OCCURRENCE | \$ 5,000,000 |
| | | | | | | | AGGREGATE | \$ 5,000,000 |
| | | | | | | | | \$ |
| C | 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 | 202301-13-67-18-4Y | 12/29/2023 | 12/29/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | \$ 500,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 500,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |
| A | Blanket Property Property | | | Q97-2428002 | 12/29/2023 | 12/29/2024 | Limit of Insurance Deductible | 7,793,000 5,000 |

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 an 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).

General Liability includes separation of insureds clause.
 See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Stone Ridge Association, Inc.
 24605 Stone Carver Drive
 Aldie VA 20105

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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ADDITIONAL REMARKS SCHEDULE

| | | | |
|-----------------------------------|-----------|--|--|
| AGENCY Sahouri Ins & Financial | | NAMED INSURED Stone Ridge Association, Inc. 24605 Stone Carver Drive Aldie VA 20105 | |
| POLICY NUMBER | | | |
| CARRIER | NAIC CODE | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

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 (\$7,793,000) 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 12/29/2023-2024. 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 # PDO7466752 effective 12/29/2023-2024. Coverage is INCLUDED for designated agents (Property Manager & Employees).

Cyber coverage is included on policy number ATB-6793432-02 through At-Bay Specialty Insurance Company effective 12/29/2023-2024, with a total limit of \$1,000,000 and a deductible of \$2,500.