Client#: 699685 **MARLOTOW**

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/03/2024

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

this octanioate does not come any rights to the certificate notice in head	or caeri criaci coment(c)					
PRODUCER	CONTACT USI Insurance Services, LLC					
USI Ins Srvcs LLC-CL/Condo	PHONE (A/C, No, Ext): 877-456-3643 FAX (A/C, No):					
3190 Fairview Park Drive	E-MAIL ADDRESS: www.eoidirect.com					
Suite 400	INSURER(S) AFFORDING COVERAGE	NAIC #				
Falls Church, VA 22042-4546	INSURER A: Travelers Indemnity Company of CT	25682				
INSURED	INSURER B : Travelers Casualty & Surety Co. of Amer	31194				
Marlow Towers Condominium Association 3847A St. Barnabas Road	INSURER C:					
	INSURER D:					
Suitland, MD 20746	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	Χ	COMMERCIAL GENERAL LIABILITY			Y630300D8974TCT24	10/01/2024	10/01/2025	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
								MED EXP (Any one person)	\$5,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	, ۸					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Bui	lding			Y630300D8974TCT24	10/01/2024	10/01/2025	\$70,550,707 - 100% RC	
В	Fid	elity Bond			105504738	10/01/2022	10/01/2025	\$650,000 / \$5,000 DED	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

(See Attached Descriptions)

CERTIFICATE	HOLDER	
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Marlow Towers Condominium Association 3847A St. Barnabas Road Suitland, MD 20746

CANCELLATION

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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DESCRIPTIONS (Continued from Page 1)

Type of Coverage: Single Entity Coverage for unit interior to original plans and specs. Coverage is

extended to common areas and amenities.

Improvements & Betterments: Excluded

Personal Belongings: Excluded

Unit owner should purchase a HO-6 policy for improvements and personal belongings/liability, etc.

Causes of Loss: Special Form

Replacement Cost: 100%

Coinsurance: Does not apply

Property Deductible: \$25,000 per occurrence

Number of Units: 352

Inflation Guard: Not available, building values are reviewed annually.

Wind/hail: Not Excluded

Cancellation Provision: 10 days for non-payment and 30 days for any other reasons. The carrier will

notify the Named Insured, Mortgagee, Additional Insured, Loss Payee.

Waiver of Subrogation/Waiver of Rights Recovery: Yes

Ordinance/Law Coverage Policy # Y630300D8974TCT24

Carrier: Travelers Indemnity Company of CT Effective dates: 10/01/2024 - 10/01/2025

Limits: Undamaged portion: Full building coverage

Demolition and Increased Cost of Construction: \$250,000

Boiler & Machinery (Equipment Breakdown)

Policy # FBP2352232

Carrier: Hartford Steam Boiler Inspection and Insurance Company

Effective dates: 10/01/2024 - 10/01/2025

Limit: \$70,605,707 Deductible: \$10,000

Earthquake

Policy # Y630300D8974TCT24

Carrier: Travelers Indemnity Company of CT Effective dates: 10/01/2024 - 10/01/2025

Limit: \$1,000,000 Deductible: \$50,000

Flood: Excluded

** Workers Comp Information **

Proprietors/Partners/Executive Officers/Members Excluded:

Chase, Renee, Officers

Montgomery, Jonathan, Officers

Moss, Tonya, Officers

Snowden, Gary, Officers

White, Michelle, Officers

DESCRIPTIONS (Continued from Page 1)					
Separation of Insureds clause included on GL policy # Y630300D8974TCT24.					
Fidelity/Crime bond extends to designated agents as employees under Employee Theft via endorsement CRI-7234 of policy.					
The Fidelity Bond includes coverage for the contracted Property Manager, volunteers & board members, and other paid personnel with access to funds.					

