

# CERTIFICATE OF LIABILITY INSURANCE

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> <b>Associated Insurance Management, LLC</b> <b>1300 Spring Street</b> <b>Suite 300</b> <b>Silver Spring, MD 20910</b>		<b>CONTACT NAME:</b> Lisa Bynum <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL ADDRESS:</b> lrbynum@aimcommercial.com		<b>FAX</b> (A/C, No):
		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A :</b> Harford Mutual Insurance Co.		<b>14141</b>
<b>INSURED</b>  <b>The Council of Unit Owners of Breckenridge Condominium</b> <b>% Dreyfuss Management LLC</b> <b>4800 Montgomery Lane,10th Floor</b> <b>Bethesda, MD 20814</b>		<b>INSURER B :</b>		
		<b>INSURER C :</b>		
		<b>INSURER D :</b>		
		<b>INSURER E :</b>		
		<b>INSURER F :</b>		

**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.

NSR LTR	TYPE OF INSURANCE				ADDL INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X	COMMERCIAL GENERAL LIABILITY					BP103711910	5/18/2023	5/18/2024	EACH OCCURRENCE		\$ 2,000,000	
		CLAIMS-MADE	X	OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000			
					MED EXP (Any one person)					\$ 5,000			
					PERSONAL & ADV INJURY					\$ Included			
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE				\$ 4,000,000			
	X	POLICY		PRO-JECT		LOC				PRODUCTS - COMP/OP AGG		\$ 4,000,000	
		OTHER:									\$		
A	AUTOMOBILE LIABILITY					BP103711910	5/18/2023	5/18/2024	COMBINED SINGLE LIMIT (Ea accident)		\$ 1,000,000		
		ANY AUTO OWNED AUTOS ONLY		SCHEDULED AUTOS	BODILY INJURY (Per person)				\$				
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)				\$				
					PROPERTY DAMAGE (Per accident)				\$				
									\$				
A	X	UMBRELLA LIAB	X	OCCUR	CU10371299	5/18/2023	5/18/2024	EACH OCCURRENCE		\$ 5,000,000			
		EXCESS LIAB		CLAIMS-MADE				AGGREGATE		\$ 5,000,000			
		DED	X	RETENTION \$ 0						\$			
										\$			
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC10371022	5/18/2023	5/18/2024	X	PER STATUTE		OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				Y / N				N / A	E.L. EACH ACCIDENT		\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE		\$ 500,000	
										E.L. DISEASE - POLICY LIMIT		\$ 500,000	
A	Blanket Buildings					BP103711910	5/18/2023	5/18/2024	Deductible \$5,000		\$ 49,720,500		
A	Crime					MP10774564	5/18/2023	5/18/2024	Employee Theft		\$ 275,000		

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

Gaithersburg, MD 20879

298 Units. Building Replacement Cost, Special Causes of Loss. Certificate holder is mortgagee, ATIMA.

**Crime/Fidelity Coverage: Harford Mutual Insurance Company**


**Policy Number: MP10774564**

**Effective: 5/18/2023 to 5/18/2024**

## \$275,000 Limit

SEE ATTACHED ACORD 101

## CANCELLATION

<p><b>FOR INFORMATIONAL PURPOSES</b> Send requests to: email: <a href="mailto:condocerts@aimcommercial.com">condocerts@aimcommercial.com</a> fax 877-733-1203</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> <p></p>



ADDITIONAL REMARKS SCHEDULE

AGENCY Associated Insurance Management, LLC		NAMED INSURED The Council of Unit Owners of Breckenridge Condominium % Dreyfuss Management LLC 4800 Montgomery Lane, 10th Floor Bethesda, MD 20814	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

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:  
Excess Crime Coverage: Hartford Fire Insurance Company Policy Number 42BDDID6266 Effective 5/18/2023 to 5/18/2024 Employee Theft Limit \$525,000

The fidelity coverage includes the property management company, Dreyfuss Management LLC and specified non-compensated officers, directors, board members, volunteers.

Directors & Officers Liability:  
Company: Continental Casualty Insurance Company  
Policy Number: 619064056  
Effective: 5/18/2023 to 5/18/2024 \$3,000,000 Limit.

The master policy provides coverage for improvements within the units as originally conveyed by the developer (original specifications). Improvements subsequently installed by unit owners at their own expense are not covered. 100% replacement cost subject to the scheduled limit. "Building Limit - Automatic Increase" at 8% provision applies. Subject to terms and conditions of the policy, community by-laws, and state law. Severability of interest applies.





EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
5/18/2023

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Associated Insurance Management, LLC 1300 Spring Street Suite 300 Silver Spring, MD 20910 Contact name: Lisa Bynum		PHONE (A/C, No, Ext): (301) 587-4200	COMPANY NAME AND ADDRESS Harford Mutual Insurance Co. 200 N. Main Street Bel Air, MD 21014-3544	NAIC NO: 14141
FAX (A/C, No): (866) 214-5944	E-MAIL ADDRESS: edocs@aimcommercial.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE Businessowners Policy	
AGENCY CUSTOMER ID #: COUNOFU-07	NAMED INSURED AND ADDRESS The Council of Unit Owners of Breckenridge Condominium % Dreyfuss Management LLC 4800 Montgomery Lane, 10th Floor Bethesda, MD 20814		LOAN NUMBER	POLICY NUMBER BP103711910
		EFFECTIVE DATE 5/18/2023	EXPIRATION DATE 5/18/2024	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☒ BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION  
Loc # 0, Bldg # 0, Blanket Coverages  
SEE ATTACHED ACORD 101

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
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COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 49,720,500 DED: 5,000

<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	YES NO N/A	If YES, LIMIT:	<input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12
BLANKET COVERAGE		<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE		<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>		
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>		
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>	If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>	ISO	
REPLACEMENT COST		<input checked="" type="checkbox"/>		
AGREED VALUE		<input checked="" type="checkbox"/>		
COINSURANCE		<input checked="" type="checkbox"/>	If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT:	DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>	If YES, LIMIT:	50,000 DED:
- Demolition Costs		<input checked="" type="checkbox"/>	If YES, LIMIT:	50,000 DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>	If YES, LIMIT:	50,000 DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT:	DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT:	DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>	If YES, LIMIT:	DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>	If YES, LIMIT:	DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>		

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.

ADDITIONAL INTEREST

CONTRACT OF SALE MORTGAGEE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS  For Informational Purposes Only Send requests to: email: condocerts@aimcommercial.com Fax 877-733-1203			AUTHORIZED REPRESENTATIVE 



ADDITIONAL REMARKS SCHEDULE

AGENCY Associated Insurance Management, LLC		NAMED INSURED The Council of Unit Owners of Breckenridge Condominium % Dreyfuss Management LLC 4800 Montgomery Lane, 10th Floor Bethesda, MD 20814	
POLICY NUMBER BP103711910			
CARRIER Harford Mutual Insurance Co.	NAIC CODE 14141	EFFECTIVE DATE: 05/18/2023	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 28    FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Property Information:

Loc # 1, Bldg # 1, 18500 Boysenberry Drive (18500-18502-18504), Gaithersburg, MD 20879

Loc # 2, Bldg # 1, 18508 Boysenberry Drive (18508-18510-18512), Gaithersburg, MD 20879

Loc # 3, Bldg # 1, 18516 Boysenberry Drive (18516-18518-18520), Gaithersburg, MD 20879

Loc # 4, Bldg # 1, 18501 Boysenberry Drive (18501-18503 & 9906), Gaithersburg, MD 20879

Loc # 5, Bldg # 1, 18519 Boysenberry Drive (18519-18521 & 9901), Gaithersburg, MD 20879

Loc # 6, Bldg # 1, 18525 Boysenberry Drive (18525 & 9900-9902), Gaithersburg, MD 20879

Loc # 7, Bldg # 1, 18529 Boysenberry Drive (18529-18531-18533), Gaithersburg, MD 20879

Loc # 8, Bldg # 1, 18501 Fairlaight Drive, Gaithersburg, MD 20879

Loc # 9, Bldg # 1, 9903 Boysenberry Drive (9903-9905-9907), Gaithersburg, MD 20879

Loc # 10, Bldg # 1, 9720 Leatherfern Terrace, Montgomery Village, MD 20886

Loc # 11, Bldg # 1, 9800 Leatherfern, Montgomery Village, MD 20886

Loc # 12, Bldg # 1, 9810 Leatherfern Terrace, Montgomery Village, MD 20886

Loc # 13, Bldg # 1, 18300 Feathertree Way, Montgomery Village, MD 20886

Loc # 14, Bldg # 1, 18310 Feathertree Way, Montgomery Village, MD 20886