

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/17/2024

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 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	CONTACT Taylor N Lyles				
Associated Insurance Management, LLC 1300 Spring Street	PHONE FAX (A/C, No, Ext): (A/C, No):				
Suite 300	E-MAIL ADDRESS: tnlyles@aimcommercial.com				
Silver Spring, MD 20910	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A : Harford Mutual Insurance Co.	14141			
INSURED	INSURER B: Chubb Indemnity Ins. Co.	12777			
The Council of Unit Owners of Breckenridge Condominium % Dreyfuss Management LLC 4800 Montgomery Lane,10th Floor	n INSURER C:				
	INSURER D:				
Bethesda, MD 20814	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR		ADDL SUB INSD WV	BR POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY			(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$ 2,000,000
	CLAIMS-MADE X OCCUR		BP103711910	5/18/2024	5/18/2025	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
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 4,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	ANY AUTO		BP103711910	5/18/2024	5/18/2025	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CU10371299	5/18/2024	5/18/2025	AGGREGATE	\$ 5,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		WC10371022 5/18	5/18/2024	5/18/2024 5/18/2025	E.L. EACH ACCIDENT	\$ 500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,000
Α	Property		BP103711910	5/18/2024	5/18/2025	Deductible \$5,000	53,699,000
Α	Crime		MP10774564	5/18/2023	5/18/2024	Employee Theft	275,000
1							

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: 5/18/2024 to 5/18/2025 \$275,000 Limit

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATIO

FOR INFORMATIONAL PURPOSES Send requests to: email: condocerts@aimcommercial.com fax 877-733-1203

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

LOC #: 0



ADDITIONAL REMARKS SCHEDULE

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

5/18/2024 to 5/18/2025 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: 5/18/2024 to 5/18/2025 \$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.

ACORD 101 (2008/01)