



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/01/2020

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>Hardy Insurance Agency, Inc.</b> <b>10507-D Braddock Road</b> <b>Fairfax, VA 22032</b> <b>License #: 110117</b>	<b>CONTACT NAME:</b> <b>Katy Torre</b>
	<b>PHONE (A/C, No, Ext):</b> <b>(703)503-3100</b> <b>FAX (A/C, No):</b> <b>(703)503-9028</b>
	<b>E-MAIL ADDRESS:</b> <b>katy@hardyinsuranceagency.com</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	<b>INSURER A : <b>Nationwide Mutual Ins. Co.</b></b> <b>23787</b>
<b>INSURED</b> <b>Raven Pointe Homeowners Association</b> <b>Bill Melvin</b> <b>PO Box 1701</b> <b>Winchester, VA 22604-8201</b>	<b>INSURER B :</b>
	<b>INSURER C :</b>
	<b>INSURER D :</b>
	<b>INSURER E :</b>
	<b>INSURER F :</b>

**COVERAGES****CERTIFICATE NUMBER: 00001143-53306****REVISION NUMBER: 2**

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>	<b>X</b> <b>COMMERCIAL GENERAL LIABILITY</b>			<b>ACBPBPHM3066727021</b>	<b>07/01/2020</b>	<b>07/01/2021</b>	<b>EACH OCCURRENCE</b> \$ <b>2,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$ <b>300,000</b>
							<b>MED EXP (Any one person)</b> \$ <b>5,000</b>
							<b>PERSONAL &amp; ADV INJURY</b> \$ <b>2,000,000</b>
							<b>GENERAL AGGREGATE</b> \$ <b>4,000,000</b>
							<b>PRODUCTS - COMP/OP AGG</b> \$ <b>4,000,000</b>
							<b>Directors and</b> \$ <b>2,000,000</b>
							<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$
							<b>BODILY INJURY (Per person)</b> \$
							<b>BODILY INJURY (Per accident)</b> \$
			<b>PROPERTY DAMAGE (Per accident)</b> \$				
						\$	
	<b>UMBRELLA LIAB</b>						<b>EACH OCCURRENCE</b> \$
	<b>EXCESS LIAB</b>						<b>AGGREGATE</b> \$
	<b>DED</b>						\$
	<b>RETENTION \$</b>						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<b>PER STATUTE</b> <b>OTH-ER</b>
	<b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b>	<input type="checkbox"/> <b>Y / N</b>	<b>N / A</b>				<b>E.L. EACH ACCIDENT</b> \$
	<b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>						<b>E.L. DISEASE - EA EMPLOYEE</b> \$
							<b>E.L. DISEASE - POLICY LIMIT</b> \$
<b>A</b>	<b>Employee Dishonesty</b>			<b>ACBPBPHM3066727021</b>	<b>07/01/2020</b>	<b>07/01/2021</b>	<b>50,000</b>

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

This policy covers common areas of Raven Pointe Homeowners Association only.

**CERTIFICATE HOLDER****CANCELLATION**

<b>RAVEN POINTE HOMEOWNERS ASSOCIATION</b> <b>PO Box 1701</b> <b>Winchester, VA 22604-8201</b>	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> <i>Katy Torre</i> <b>(KRT)</b>

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