



COUNOFU-07

MHS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/03/2017

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 Associated Insurance Management, Inc. 1300 Spring Street Suite 300 Silver Spring, MD 20910	CONTACT NAME: M. Heather Smith PHONE (A/C, No, Ext): (240) 638-4052 FAX (A/C, No): (866) 215-2579 E-MAIL ADDRESS: mhsmith@aimcommercial.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Harford Mutual Insurance Co.</td> <td>14141</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Harford Mutual Insurance Co.	14141	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURED The Council of Unit Owners of Breckenridge Condominium % Dreyfuss Management LLC 4800 Montgomery Lane, 10th Floor Bethesda, MD 20814														

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 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			8174648	05/18/2017	05/18/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			8174648	05/18/2017	05/18/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			7974322	05/18/2017	05/18/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	4082620	05/18/2017	05/18/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Blanket Buildings			8166987	05/18/2016	05/18/2017	Deductible; \$5,000 41,738,900
A	Crime			9162974	05/18/2017	05/18/2018	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.

The fidelity coverage includes the property management company, Dreyfuss Management LLC.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER FOR INFORMATIONAL PURPOSES Send requests to: email: condocerts@aimcommercial.com fax 877-733-1203	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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Associated Insurance Management, Inc.		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:
Directors & Officers Liability:
Company: Harford Mutual Insurance Company
Policy Number: 9162974
Effective: 5/18/2017 to 5/18/2018
\$1,000,000 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. 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)
05/31/2017

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, Inc. 1300 Spring Street Suite 300 Silver Spring, MD 20910 Contact name: M. Heather Smith	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: AGENCY CUSTOMER ID #: COUNOFU-07	SUB CODE:	POLICY TYPE Businessowners Policy	
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 8174648	
ADDITIONAL NAMED INSURED(S)	EFFECTIVE DATE 05/18/2017	EXPIRATION DATE 05/18/2018	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	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	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:		\$ 41,738,900			DED: 5,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<input checked="" type="checkbox"/>			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"/>			
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: 41,738,900 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

<input type="checkbox"/> CONTRACT OF SALE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS The Council Unit Owners of Breckenridge Condominiums 9905 Boysenberry Way Gaithersburg, MD 20879			AUTHORIZED REPRESENTATIVE <i>Nathan Binn</i>



LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Associated Insurance Management, Inc.		NAMED INSURED The Council of Unit Owners of Breckenridge Condominium % Dreyfuss Management LLC 4800 Montgomery Lane, 10th Floor Bethesda, MD 20814	
POLICY NUMBER 8174648		EFFECTIVE DATE: 05/18/2017	
CARRIER Harford Mutual Insurance Co.	NAIC CODE 14141		

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 Fairlright 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