



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/26/2025

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> <b>Barbara J Reynolds</b>
	<b>PHONE (A/C, No, Ext):</b> <b>(301) 812-2089</b>
	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> <b>condocerts@aimcommercial.com</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A : The Cincinnati Casualty Co.</b>
	<b>INSURER B : Greenwich Insurance Company</b>
	<b>INSURER C : Pennsylvania Manufacturers' Assoc Ins Co.</b>
	<b>INSURER D : Continental Casualty</b>
	<b>INSURER E :</b>
	<b>INSURER F :</b>

<b>PRODUCER</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SBB0023697	2/4/2025	2/4/2026	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			SBB0023697	2/4/2025	2/4/2026	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			PPP744000111	12/2/2024	12/2/2025	EACH OCCURRENCE \$ <b>10,000,000</b> AGGREGATE \$ <b>10,000,000</b> \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	2024010950972Y	12/2/2024	12/2/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
A	<b>SEE PROP SCHEDULE</b>			SBB0023697	2/4/2025	2/4/2026	<b>DEDUCTIBLE \$1,000</b>
D	<b>FIDELITY/CRIME</b>			618831762	12/2/2024	12/2/2025	<b>DEDUCTIBLE \$14,500</b> <b>1,450,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Various Locations: North Potomac, MD 20878  
 Number of units in association: 778  
 The Fidelity coverage includes the Property Management Company and Non-Compensated Officers.  
 Property Manager is included as an insured for actions on behalf of the Association.  
 Ten Days for Cancellation for Non-Payment/Thirty Days Notice of Cancellation for any other.

SEE ATTACHED ACORD 101

<b>CERTIFICATE HOLDER</b>  <b>FOR INFORMATIONAL PURPOSES</b> Certificates may be obtained at: <a href="http://www.aimcommercial.com/coi">www.aimcommercial.com/coi</a> or requested from: <a href="mailto:condocerts@aimcommercial.com">condocerts@aimcommercial.com</a>	<b>CANCELLATION</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.  AUTHORIZED REPRESENTATIVE 
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Associated Insurance Management, LLC</b>		NAMED INSURED <b>Stonebridge Homeowners Association C/O Abaris Realty, Inc. 7811 Montrose Rd. Suite 110 Potomac, MD 20854</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**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:****Property Scheduled:**

Clubhouse Limit \$2,872,193

Swimming Pools &amp; Equipment Limit \$258,566

Street Lights, Poles, Parking Meters, Street Signs, Traffic Lights, Flagpoles Limit \$210,000

Amusement Equipment in the Open Limit \$266,400

Tennis Courts Limit \$68,610

Business Personal Property Limit \$60,000

Special Causes of Loss, Severability of Interest Applies

Replacement Cost, Agreed Value, Inflation Guard Included

**Directors & Officers Liability**

Continental Casualty Insurance Company

Policy #618831762

Effective 12/02/2024-12/02/2025

Limit \$1,000,000, Deductible \$5,000