

# Certificate of Insurance



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/27/2025

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> Cascade Insurance Group, LLC 1100 N Glebe Road, Suite 1010 Arlington VA 22201		<b>CONTACT NAME:</b> Chad Dodero <b>PHONE (A/C, No. Ext):</b> (703)551-2000 <b>E-MAIL ADDRESS:</b> Chad@Cascadeig.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Heritage Highlands HOA c/o Select Community Services P.O. Box 221350 Chantilly VA 20153		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> Erie Insurance <b>INSURER B :</b> StarNet Insurance <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	
		<b>NAIC #</b> 26271 40045	

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		Q61-0282867	06/01/2025	06/01/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
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 NON-OWNED AUTOS ONLY	Y		Q61-0282867	06/01/2025	06/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED RETENTION \$	Y		Q30-0173191	06/01/2025	06/01/2026	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Clubhouse	Y		Q61-0282867	06/01/2025	06/01/2026	DED \$1,000	\$448,600 GRC

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

SEE ATTACHED

ASSOCIA, COMMUNITY MANAGEMENT CORP, SELECT COMMUNITY SERVICES, AND THEIR EMPLOYEES/REPRESENTATIVES, ARE LISTED AS ADDITIONAL INSURED ON THE GENERAL LIABILITY, D&O, CRIME, UMBRELLA POLICIES AS REQUIRED BY CONTRACTUAL AGREEMENT AND PER POLICY TERMS AND CONDITIONS.

**CERTIFICATE HOLDER****CANCELLATION**

Select Community Services PO Box 221350 Chantilly VA 20153	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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Fax:

Email:

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ACORD 25 (2016/03)

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Cascade Insurance Group, LLC		NAMED INSURED Heritage Highlands HOA	
POLICY NUMBER Q61-0282867			
CARRIER Erie Insurance	NAIC CODE 26271	EFFECTIVE DATE: 06/01/2024	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_**

Type of Coverage: Coverage is extended to common areas and amenities.  
 Improvements & Betterments: Excluded  
 Personal Belongings: Excluded  
 Causes of Loss: Special Form  
 Replacement Cost: Guaranteed Replacement Cost  
 Coinsurance: Does not apply  
 Property Deductible: \$1,000  
 Total Units: 80  
 Inflation Guard: Included  
 Wind/hail: Included  
 Cancellation Provision: 30 days written notice for cancellation; carrier will notify the named insured  
 Ordinance/Law Coverage included  
 Policy # Q61-0282867  
 Carrier: Erie Insurance  
 Boiler & Machinery (Equipment Breakdown) included  
 Policy # Q61-0282867  
 Carrier: Erie Insurance  
 Effective dates: 06/01/2025 to 06/01/2026  
 Deductible: \$1,000  
 Separation of Insureds clause included on GL policy # Q61-0282867  
 The Fidelity bond includes coverage for the contracted Property Manager, Its Employees, and Board Members.  
 CRIME POLICY STARNET INSURANCE QDR0003588-00 COVERAGE \$250,000 DED \$1,000 EFF 06/01/2025 to 06/01/2026  
 DIRECTORS & OFFICERS POLICY STARNET INSURANCE QDO0006322-00 - COVERAGE \$1M DED \$1,000 EFF 06/01/2025 06/01/2026