

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 02/28/2022

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.

OOVED A OEO	OFDITIOATE MUM	DED	DEVICION NUMBER	
IVIITO	chellville,	MD 20721-1910	INSURER F:	
N 4:4	-14 - 10 - 20 -	MD 00704 4040	INSURER E :	
			INSURER D:	
Lake Pointe At Town Center Condominium 12138 Central Ave Ste 863			INSURER C:	
			INSURER B:	
			INSURER A: State Farm Fire and Casualty Company	25143
	Rockville,	MD 20852-4039	INSURER(S) AFFORDING COVERAGE	NAIC #
131 Nollins Ave Ste 2A			PRODUCER CUSTOMER ID:	
_	131 Rollins Ave Ste 2A		E-MAIL ADDRESS: jimmy.reid.bvo2@statefarm.com	
State Farm	Ultimity Reid		(A/C. 110, EXI). \ /	881-1237
PRODUCER			CONTACT Jimmy Reid	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) REFER TO ACORD 101.

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.

R R	TYPE O	INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	PROPERTY						BUILDING	\$
(CAUSES OF LOS	DEDUCTIBLES					PERSONAL PROPERTY	\$
	BASIC	BUILDING \$20,000					BUSINESS INCOME	\$ SEE ACORD 10
	BROAD	CONTENTS					EXTRA EXPENSE	\$ SEE ACORD 10
	SPECIAL	OOMENIO					RENTAL VALUE	\$ SEE ACORD 10
Ĺ	EARTHQUA	Œ	90-CR-7490-6	02/10/2022	02/10/2023	X	BLANKET BUILDING	\$ \$40,148,200
	WIND		90-CR-7490-6	02/10/2022	02/10/2023		BLANKET PERS PROP	\$
	FLOOD						BLANKET BLDG & PP	\$
								\$
								\$
	INLAND MAR	RINE	TYPE OF POLICY					\$
(CAUSES OF LOS	8						\$
	NAMED PER	ILS	POLICY NUMBER					\$
								\$
	CRIME							\$
-	TYPE OF POLICY							\$
								\$
	BOILER & M	ACHINERY / BREAKDOWN						\$
	EQUIPMENT	DREARDOWN						\$
								\$
								\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
REFER TO ACORD 101.

CERTIFICATE HOLDER	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	
-, MD 00000	IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.	

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AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

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NAMED INSURED		
Lake Pointe At Town Center Condominium		
22		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,			
FORM NUMBER: 24	FORM TITLE: Certificate of Property Insurance		

Unit Owner:

----, - MD - 00000 - Unit Loan Number: -- Number Of Units: 0216

Association Type: Residential Community Association Policy

Forms, Options and Endorsements: Forms, Options and Endorsements:

CMP-4100	Businessowners Coverage Form	CMP-4814	Dir & Officers \$1,000,000
CMP-4710	Emp Dishonesty \$25,000	CMP-4220.1	Amendatory Endorsement
CMP-4862	Building Ordinance Or Law Cov	CMP-4830	Interior Building Damage
CMP-4756	Ed Employee Excl	CMP-4829	Guaranteed Replacement Cost
FE-6999.3	Terrorism Insurance Cov Notice	CMP-4550	Residential Community Assoc
CMP-4508	Money and Securities	CMP-4705.1	Loss of Income & Extra Expnse
CMP-4561.1	Policy Endorsement	FE-3650	Actual Cash Value Endorsement

Coverages: **Companion Policies:**

Business Liability	\$1,000,000	90BUQ7751	Workers Compensation
Medical Payments	\$5,000		
Products-Completed Operations	\$2,000,000		
General Aggregate	\$2,000,000		

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association bylaws including the following types of property within a unit, regardless of ownership:

- Fixtures, improvements and alterations that are a part of the building or structure; and
- 2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. However, these endorsements do not change any replacement cost coverage provided by the policy.

This policy provides coverage on a standalone/individual condominium association.

Commercial General Liability

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

Loss of Rents, Loss of Income and Extra Expense

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.