



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2026

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><br>Sahouri Ins & Financial<br>8200 Greensboro Drive<br>Suite 1550<br>McLean VA 22102                                 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): 703-883-0500          |  | <b>FAX (A/C, No):</b> 855-242-6660 |
|  | <b>E-MAIL ADDRESS:</b> coi@sahouri.com                              |  |                                    |
| <b>INSURED</b><br>Greencastle Manor II Condominium<br>C/O Abaris Realty, Inc<br>1101 Wootton Pkwy Ste 820<br>Rockville MD 20852-1087 | <b>INSURER(S) AFFORDING COVERAGE</b>                                |  | <b>NAIC #</b>                      |
|  | <b>INSURER A :</b> The Harford Mutual Insurance Company             |  | 14141                              |
|  | <b>INSURER B :</b> Pennsylvania Manufacturers Association Insurance |  | 12262                              |
|  | <b>INSURER C :</b> Federal Insurance Company                        |  | 20281                              |
|  | <b>INSURER D :</b>  |  |                                    |
|  | <b>INSURER E :</b>  |  |                                    |

**COVERAGES**

CERTIFICATE NUMBER: 310530654

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><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | MP10804407         | 6/27/2026               | 6/27/2027               | EACH OCCURRENCE  | \$ 1,000,000 |
|          |  |           |          |                    |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)  | \$ 100,000   |
|          |  |           |          |                    |                         |                         | MED EXP (Any one person)   | \$ 5,000     |
|          |  |           |          |                    |                         |                         | PERSONAL & ADV INJURY  | \$ 1,000,000 |
|          |  |           |          |                    |                         |                         | GENERAL AGGREGATE  | \$ 3,000,000 |
|          |  |           |          |                    |                         |                         | PRODUCTS - COMP/OP AGG   | \$ 3,000,000 |
|          |  |           |          |                    |                         |                         |  | \$           |
| A        | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          | MP10804407         | 6/27/2026               | 6/27/2027               | COMBINED SINGLE LIMIT (Ea accident)  | \$ 1,000,000 |
|          |  |           |          |                    |                         |                         | BODILY INJURY (Per person)   | \$           |
|          |  |           |          |                    |                         |                         | BODILY INJURY (Per accident)   | \$           |
|          |  |           |          |                    |                         |                         | PROPERTY DAMAGE (Per accident)   | \$           |
|          |  |           |          |                    |                         |                         |  | \$           |
| C        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0  |           |          | G75366644          | 6/27/2026               | 6/27/2027               | EACH OCCURRENCE  | \$ 5,000,000 |
|          |  |           |          |                    |                         |                         | AGGREGATE  | \$ 5,000,000 |
|          |  |           |          |                    |                         |                         |  | \$           |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | 202601-08-97-78-5Y | 6/27/2026               | 6/27/2027               | <input checked="" type="checkbox"/> PER STATUTE<br><input type="checkbox"/> OTH-ER |              |
|          |  |           |          |                    |                         |                         | E.L. EACH ACCIDENT   | \$ 500,000   |
|          |  |           |          |                    |                         |                         | E.L. DISEASE - EA EMPLOYEE   | \$ 500,000   |
|          |  |           |          |                    |                         |                         | E.L. DISEASE - POLICY LIMIT  | \$ 500,000   |
| A        | Property Section   |           |          | MP10804407         | 6/27/2026               | 6/27/2027               | Building Limit   | 46,488,000   |

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

There are 176 units on this property. Property coverage is written on a Extended Replacement Cost Basis, subject to \$10,000 deductible. Building values are reviewed annually at renewal.

Coverage is provided on a "walls in" basis. (Building coverage extends to unit interior per the original plans & specs – including developer offered options. Betterments & Improvements undertaken subsequent to the original conveyance to first unit owner not covered.)

Unit Owners' Personal Belongings: Not covered

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Greencastle Manor II Condominium  
 C/O Abaris Realty, Inc  
 1101 Wootton Pkwy Ste 820  
 Rockville MD 20852

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<br>Sahouri Ins & Financial |           | NAMED INSURED<br>Greencastle Manor II Condominium<br>C/O Abaris Realty, Inc<br>1101 Wootton Pkwy Ste 820<br>Rockville MD 20852-1087 |  |
| POLICY NUMBER                     |           | EFFECTIVE DATE:   |  |
| CARRIER                           | NAIC CODE | (Empty)   |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Agreed Amount applies - No Coinsurance. Special form.

Equipment Breakdown is included

Wind/hail coverage not excluded.

Ordinance or Law (Increased Cost of Construction) – \$50,000

Ordinance or Law – (Demolition) – \$50,000

Ordinance or Law – (Undamaged portion of the building) – Up to building limit.

Separation of Insureds clause included on General Liability coverage.

Coverage is included for all association amenities.

Cancellation notice provided to first named insured only as follows: 10 days in the event of non-payment; 30 days for all other reasons.

Crime Coverage in the amount of \$600,000 is provided by Continental Casualty Company on policy # 0251328138 effective 06/27/2026 to 06/27/2027. Coverage is INCLUDED for designated agents (Property Manager & Employees) as employees covered for Employee Theft.

Directors & Officers Liability insurance is provided by Continental Casualty Company, on policy #0251328138 effective 06/27/2026 to 06/27/2027 with a limit of \$1,000,000. Coverage is INCLUDED for designated agents (Property Manager & Employees).

According to our files the referenced association is not located within a special flood hazard area.