



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/21/2024

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 Gorges & Co., Inc. 2345 York Road Timonium, MD 21093-2217 Jack Millard/John Mutscheller		410-561-8280		CONTACT NAME: Neal Donovan PHONE (A/C, No, Ext): 410-561-8280 FAX (A/C, No): 410-561-9728 E-MAIL ADDRESS: neald@gorgesco.com	
INSURED Rockland Run Condominium c/o Metropolis Condo Mgmt. 4307 Gallatin Street Hyattsville, MD 20781				INSURER(S) AFFORDING COVERAGE INSURER A: Westminster American INSURER B: Travelers Indemnity Co.of Amer INSURER C: Carolina Casualty Insurance Co INSURER D: INSURER E: INSURER F:	

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 <input checked="" type="checkbox"/> D&O GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		BOP0004887 2091129	02/04/2024 02/04/2024	02/04/2025 02/04/2025	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 D&O \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	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		UB4K056677	03/14/2023	03/14/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property Section			BOP0004887	02/04/2024	02/04/2025	Blkt Bldg 47,801,250
B	Crime	X		107852723	05/31/2023	05/31/2024	Crime 250,000

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

CERTIFICATE HOLDER Metropolis Condo Management 4307 Gallatin Street Hyattsville, MD 20781	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 Jack Millard/John Mutscheller
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Blanket Building Limit \$47,801,250
Deductible \$10,000
Condo master policy includes "walls-in" coverage but does not include additions or alterations made by the unit owner. Replacement cost coverage applies. Coinsurance N/A. Wind 1% Deductible. Separation of insureds included.
4% Inflation Guard

Ordinance or Law A - Included
Ordinance or Law B & C Combined - \$50,000

Employee Dishonesty limit \$250,000, managing agent included in coverage as additional insured.

Directors & Officers Liability \$1,000,000 each claim, \$1,000,000 aggregate. 2/4/23 to 2/4/24.

241 Units.

Location Schedule:

- 2 Long Stream Ct, Baltimore, MD 21209
- 4 Long Stream Ct, Baltimore, MD 21209
- 6 Long Stream Ct, Baltimore, MD 21209
- 8 Long Stream Ct, Baltimore, MD 21209
- 10 Long Stream Ct, Baltimore, MD 21209
- 1 Wind Blown Ct., Baltimore, MD 21209
- 3 Wind Blown Ct., Baltimore, MD 21209
- 5 Wind Blown Ct., Baltimore, MD 21209
- 7 Wind Blown Ct., Baltimore, MD 21209
- 9 Wind Blown Ct., Baltimore, MD 21209
- 11 Wind Blown Ct., Baltimore, MD 21209

- 1800 Snow Meadow Lane, Baltimore, MD 21209
- 1802 Snow Meadow Lane, Baltimore, MD 21209
- 1804 Snow Meadow Lane, Baltimore, MD 21209
- 1801 Snow Meadow Lane, Baltimore, MD 21209
- 1803 Snow Meadow Lane, Baltimore, MD 21209
- 1805 Snow Meadow Lane, Baltimore, MD 21209
- 1807 Snow Meadow Lane, Baltimore, MD 21209
- 1809 Snow Meadow Lane, Baltimore, MD 21209
- 1811 Snow Meadow Lane, Baltimore, MD 21209
- 1 Sun Top Lane, Baltimore, MD 21209
- 3 Sun Top Lane, Baltimore, MD 21209
- 5 Sun Top Lane, Baltimore, MD 21209
- 7 Sun Top Lane, Baltimore, MD 21209
- 9 Sun Top Lane, Baltimore, MD 21209
- 11 Sun Top Lane, Baltimore, MD 21209
- 13 Sun Top Lane, Baltimore, MD 21209
- 15 Sun Top Lane, Baltimore, MD 21209