



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/09/2022

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.

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: Janet Fritz PHONE (A/C, No, Ext) 410-561-8280 E-MAIL ADDRESS: janetf@gorgesco.com FAX (A/C, No) 410-561-9728
			INSURER(S) AFFORDING COVERAGE INSURER A State Automobile Mutual Ins Co INSURER B Travelers Indemnity Co. of Amer INSURER C INSURER D INSURER E INSURER F
INSURED Rockland Run Condominium c/o Metropolis Condo Mgmt. 4307 Gallatin Street Hyattsville, MD 20781		NAIC #	

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 GEN'L AGGREGATE LIMIT APPLIES PER. <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER	X		10116400CP	02/04/2022	02/04/2023	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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 \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			10116404CU	02/04/2022	02/04/2023	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB4K056677	03/14/2022	03/14/2023	<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			10116400CP	02/04/2022	02/04/2023	Bikt Bldg \$ 44,984,734
A	Crime	X		10116400CP	02/04/2022	02/04/2023	Crime \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Metropolis Condo Management 4307 Gallatin Street Hyattsville, MD 20781	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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NOTEPADINSURED'S NAME **Rockland Run Condominium c/o****ROCKL-1
OP ID: JF**PAGE 2
Date **02/09/2022**

Blanket Building Limit \$44,984,734

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.

Ordinance or Law A - Included

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

Employee Dishonesty and Forgery or Alteration included in the package policy. \$1,000,000 limit. 2/4/22 to 2/4/23. Managing agent included in coverage.

Directors & Officers Liability included in the package policy. \$1,000,000 each claim, \$1,000,000 aggregate. 2/4/22 to 2/4/23.

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