

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2023

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)

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PRODUCER CONTACT NAME: Habitational Segment											
The Hilb Group, LLC					PHONE FAX (A/C, No, Ext): (A/C, No):						
3601 MacCorkle Ave, Ste 50						E-MAIL marhab@hilbgroup.com					
, and the second						INSURER(S) AFFORDING COVERAGE NAIC #					
Charleston WV 25304						INSURER A: Nationwide Assurance Company				10723	
INSURED						Notice and Leaves and Associate				25453	
					INCORER B.					20443	
Reeds Landing Community Association Inc					INSURER C: CNA					20443	
812 Moorefield Park Dr Ste 102					INSURER D :						
	Community Partners of VA Inc				INSURER E :						
	North Chesterfield	VA 23236-3674			INSURER F:						
COVERAGES CERTIFICATE NUMBER: 23-24 Master 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			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	111	WITS		
LIK	COMMERCIAL GENERAL LIABILITY		WVD	T OLIGI NOMBLIX		(MIM/DD/TTTT)	(WIW/DD/TTTT)			00,000	
								DAMAGE TO RENTED	Ψ .		
	CLAIMS-MADE OCCUR						0.4/4.0/0004	PREMISES (Ea occurrence)	\$ 5,00	10	
Α				ACPBP012453201447		04/18/2023		MED EXP (Any one person)	7 2 00		
_ A				ACFBF012455201447		04/16/2023	04/18/2024	PERSONAL & ADV INJURY	1 00	\$ 2,000,000 \$ 4,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ .		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	φ .	00,000	
	OTHER:							Tenant's Liability	\$ 300	\$ 300,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION					PER OTH- STATUTE ER					
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	400	s 100,000	
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Α	ACPWC012453201447		04/18/2023	04/18/2024		100,000		
	If yes, describe under							E.L. DISEASE - EA EMPLOYE	500	\$ 500,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	- \$,	
Α	Employee Dishonesty			ACPBP012453201447		04/18/2023	04/18/2024	ED Limit	\$25	0,000	
'`				7.01 51 012 100201111		0 1/ 10/2020	0 1/ 10/2021		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
		-			=	-	bace is required)				
C Director's & Officers 0250950661 \$1,000,000/1000 08/11/2022 08/11/2023 Comm Partners as Addl Insd											
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.					
For Incurance Durneges											
For Insurance Purposes											
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