



LFC01LFC01

MPASCARELL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/19/2021

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 Long & Foster Insurance Agency, Inc. Corporate Risk Management 14501 George Carter Way Chantilly, VA 20151	CONTACT NAME: PHONE (A/C, No, Ext): (703) 653-8545 FAX (A/C, No): (703) 961-1904 E-MAIL ADDRESS: Marie.Pascarell@LongandFoster.com												
INSURER(S) AFFORDING COVERAGE													
INSURED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : Harleysville Preferred Ins. Co</td> <td style="width: 20%; text-align: right;">35696</td> </tr> <tr> <td>INSURER B : Harleysville Insurance Co.</td> <td style="text-align: right;">23582</td> </tr> <tr> <td>INSURER C : Harleysville Worcester</td> <td style="text-align: right;">26182</td> </tr> <tr> <td>INSURER D : XL Catlin- Indian Harbor Ins. Co.</td> <td style="text-align: right;">36940</td> </tr> <tr> <td>INSURER E : National Union Fire Ins. Co.</td> <td style="text-align: right;">19445</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Harleysville Preferred Ins. Co	35696	INSURER B : Harleysville Insurance Co.	23582	INSURER C : Harleysville Worcester	26182	INSURER D : XL Catlin- Indian Harbor Ins. Co.	36940	INSURER E : National Union Fire Ins. Co.	19445	INSURER F :	
INSURER A : Harleysville Preferred Ins. Co	35696												
INSURER B : Harleysville Insurance Co.	23582												
INSURER C : Harleysville Worcester	26182												
INSURER D : XL Catlin- Indian Harbor Ins. Co.	36940												
INSURER E : National Union Fire Ins. Co.	19445												
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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			MPA96199A	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> 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			BA84316D	1/1/2021	1/1/2022	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"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			CMB8651BC	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
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	WC83648D	1/1/2021	1/1/2022	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Professional E&O			REP0015478-17	12/1/2020	12/1/2021	Aggregate 5,000,000
E	Crime/Fidelity			03-146-67-16	1/1/2021	1/1/2022	Aggregate 5,000,000

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

SEE ACORD 101 ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

For Information Purposes
 Long & Foster Real Estate, Inc.
 Attn: Corporate Risk Management
 14501 George Carter Way
 Chantilly, VA 20151

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





ADDITIONAL REMARKS SCHEDULE

AGENCY Long & Foster Insurance Agency, Inc.		NAMED INSURED Long & Foster Real Estate, Inc. Corporate Risk Management 14501 George Carter Way Chantilly, VA 20151	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Acord 101

INSURED FOR PROFESSIONAL E&O INCLUDES:

Long & Foster Real Estate, Inc. d/b/a Fonville Morisey Realty
The Long & Foster Companies, Inc.
Independent Contractor Real Estate Agents

INSURED FOR ALL POLICIES INCLUDES:

All dba's and divisions.

BLANKET LOCATIONS COVERAGE

All locations are automatically covered under each listed
policy on a blanket basis.

GENERAL LIABILITY POLICY

Additional Insured: Any person or organization pursuant to a "written contract or
written agreement" that requires that such person or organization be added as an
additional insured.

Coverage is provided on a primary and non-contributory basis if
required by written contract.

Waiver of Subrogation applies if required by written contract.

Coverage includes: Contractual Liability, Independent Contractors,
and Broad Form Property Damage.

PROFESSIONAL ERRORS & OMISSIONS POLICY

\$5,000,000 limit per claim; \$5,000,000 aggregate *

FIDELITY/CRIME POLICY

\$5,000,000 aggregate *

* Aggregate limits may be impaired due to paid claims and/or defense costs