



LFC01LFC01

MPASCARELL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/26/2018

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
INSURED Long & Foster Real Estate, Inc. Corporate Risk Management 14501 George Carter Way Chantilly, VA 20151	E-MAIL ADDRESS: Marie.Pascarell@LongandFoster.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Harleystville Preferred Ins. Co	
	INSURER B: Harleystville Insurance Co.	
	INSURER C: Chubb	
	INSURER D: XL Catlin- Indian Harbor Ins. Co.	
INSURER E: National Union Fire Ins. Co.		
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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			MPA96199A	01/01/2019	01/01/2020	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 checked="" 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			BA84316D	01/01/2019	01/01/2020	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 checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			7968-32-83	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 10,000,000	
							AGGREGATE \$	
B	<input checked="" type="checkbox"/> 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	01/01/2019	01/01/2020	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
							E.L. EACH ACCIDENT \$ 500,000	
							E.L. DISEASE - EA EMPLOYEE \$ 500,000	
							E.L. DISEASE - POLICY LIMIT \$ 500,000	
D	Professional E&O			REP0015478-15	12/01/2018	12/01/2019	See Acord 101	
E	Crime-Fidelity			05-381-31-90	01/01/2019	01/01/2020	See Acord 101	

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**Page 1 of 1

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:

L&F/Fonville Morisey Real Estate, Inc. d/b/a Fonville Morisey Real Estate
The Long & Foster Companies, Inc.

ALL POLICIES

Insured 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

\$10,000,000 limit per claim; \$10,000,000 aggregate *

FIDELITY/CRIME POLICY

\$5,000,000 aggregate *

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