



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/7/2022

**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).**

<b>PRODUCER</b> <b>Beskin Divers Insurance Group</b> <b>300 Southport Cir</b> <b>Virginia Beach, VA 23452</b>	<b>CONTACT NAME:</b> Rachel Lynch <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____
	<b>E-MAIL ADDRESS:</b> <a href="mailto:rachel.lynych@beskindivers.com">rachel.lynych@beskindivers.com</a>
	<b>INSURER(S) AFFORDING COVERAGE</b> <span style="float: right;">NAIC #</span>
	<b>INSURER A:</b> <b>American Alternative Insurance Corporation</b> <b>19720</b>
<b>INSURED</b> <b>Southampton At Salem Springs</b> <b>c/o CFM</b> <b>3061 Brickhouse Ct, Ste 109</b> <b>Virginia Beach, VA 23452</b>	<b>INSURER B:</b> <b>Liberty Mutual Insurance Company</b> <b>23043</b>
	<b>INSURER C:</b> _____
	<b>INSURER D:</b> _____
	<b>INSURER E:</b> _____
	<b>INSURER F:</b> _____

**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"/>	<b>COMMERCIAL GENERAL LIABILITY</b>			CAU504787-5	12/31/2022	12/31/2023	EACH OCCURRENCE	\$ 2,000,000
								<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/>	<b>Dir &amp; Officers</b>						MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$
		OTHER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRE D AUTOS ONLY	<input type="checkbox"/> SCHEDULE D AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/>	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	DED <input type="checkbox"/> RETENTION \$							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>							\$
	<input type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	<input type="checkbox"/> N / A				PER STATUTE	
		If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER	
A	<input type="checkbox"/>	<b>Building</b>			CAU504787-5	12/31/2022	12/31/2023	E.L. EACH ACCIDENT	\$
B	<input type="checkbox"/>	<b>Fidelity/Crime</b>			017249807	12/31/2022	12/31/2023	E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$

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

Community First Management is covered as an Employee with regards to the Employee Dishonesty Coverage; subject to policy terms and conditions.

<b>CERTIFICATE HOLDER</b>  <b>Community First Management</b> <b>3061 Brickhouse Court, Ste 109</b> <b>Virginia Beach, VA 23452</b>	<b>CANCELLATION</b>  <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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### ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Beskin Divers Insurance Group</b>		NAMED INSURED <b>Southampton At Salem Springs c/o CFM</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		3061 Brickhouse Ct, Ste 109 Virginia Beach, VA 23452	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

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

**Certificate of Liability Remarks**  
**Building Valuation-Guaranteed Replacement Cost**  
**Special Perils Including Wind/Hail**  
**Ratable Limit- \$24,925,000**  
**AOP Deductible- \$5,000**  
**Property maanger is listed as an insured on the fidelity/crime policy**  
**Equipment Breakdown Included**  
**Ordinance or Law Included**  
**78 units**