

DATE (MM/DD/YYYY)

				11/06	0/2016
THIS EVIDENCE OF PROPERTY INSU ADDITIONAL INTEREST NAMED BEL COVERAGE AFFORDED BY THE POL ISSUING INSURER(S), AUTHORIZED	OW. THIS EVIDENCE DOES NOT AF LICIES BELOW. THIS EVIDENCE OF	FIRMATIVELY OR NEG INSURANCE DOES NO	SATIVELY AMENI OT CONSTITUTE	, EXTEND OR ALT	ER THE
AGENCY PHONE (A/C, No, Ext):		COMPANY		NAIC# 251	43
StateFarm THOMAS NTUK					
104 ELDEN ST SUITE 16A		State Farm Fire and Cas	ualty Company		
HERNDON VA 20170 -4825					
FAX (A/C, No): 703-481-9464	nona.montecchi.fbce@statefarm.com				
code: 46-9B81	SUB CODE:				
AGENCY CUSTOMER ID #:		LOAN MUMBER		DOLLOY NUMBER	
		LOAN NUMBER		POLICY NUMBER	
Little River Mews Homeowners Association	OH .	FEFECTIVE DATE	EVDIDATION DA	96-BM-N015-7	
C/O Northern Virginia Management		EFFECTIVE DATE	EXPIRATION DA	CONTINU	ED UNTIL
4306 Evergreen Ln. Suite 101 Annandale, VA, 22003		10/16/2016 THIS REPLACES PRIOR EVID	10/16/2017	X TERIVIINA	TED IF CHECKED
Allifatidale, VA, 22005		THIS REPLACES PRIOR EVIL	DENCE DATED.		
PROPERTY INFORMATION					
LOCATION/DESCRIPTION					
4501-4548 Little River Run Drive Annandale, VA, 22003					
Alliandale, VA, 22003					
THE POLICIES OF INSURANCE LISTED NOTWITHSTANDING ANY REQUIREME EVIDENCE OF PROPERTY INSURANCE SUBJECT TO ALL THE TERMS, EXCLUSION	ENT, TERM OR CONDITION OF ANY C E MAY BE ISSUED OR MAY PERTAIN,	ONTRACT OR OTHER I THE INSURANCE AFFO	OCUMENT WITH ORDED BY THE PO	RESPECT TO WHIC DLICIES DESCRIBE	CH THIS D HEREIN IS
COVERAGE INFORMATION					
	COVERAGE / PERILS / FORMS		Al	OUNT OF INSURANCE	DEDUCTIBLE
Coverage A- Building \$3,500.00 \$1,000.0 Coverage L- Business Liability \$1,000,00			'	,500.00 ,000,000.00	\$1,000.00 \$1,000.00
DEMARKS (Including Special Condition	ional				
REMARKS (Including Special Conditi	ions)				
CANCELLATION					
SHOULD ANY OF THE ABOVE DESC DELIVERED IN ACCORDANCE WITH		EFORE THE EXPIRATI	ON DATE THERE	OF, NOTICE WILL	BE
ADDITIONAL INTEREST					
NAME AND ADDRESS	Γ	MORTGAGEE	ADDITIONAL INS	IRED	
LOSS PAYEE			ADDITIONAL ING		
	L	LOAN#	1		
		AUTHORIZED REPRESENTATION A. Thomas	Ntub.	igitally signed by THONNN: cn=THOMAS NTUK mail=THOMAS.NTUK.0 N:COM, c=US	, AGENT, o, ou,

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AGENCY PHONE (A/C, No, Ext):		COMPANY		NAIC# 251	43
StateFarm THOMAS NTUK					
104 ELDEN ST SUITE 16A		State Farm Fire and Cas	ualty Company		
HERNDON VA 20170 -4825					
FAX (A/C, No): 703-481-9464	nona.montecchi.fbce@statefarm.com				
code: 46-9B81	SUB CODE:				
AGENCY CUSTOMER ID #:		LOAN MUMBER		DOLLOY NUMBER	
		LOAN NUMBER		POLICY NUMBER	
Little River Mews Homeowners Association	OH .	FEFECTIVE DATE	EVDIDATION DA	96-BM-N015-7	
C/O Northern Virginia Management		EFFECTIVE DATE	EXPIRATION DA	CONTINU	ED UNTIL
4306 Evergreen Ln. Suite 101 Annandale, VA, 22003		10/16/2016 THIS REPLACES PRIOR EVID	10/16/2017	X TERIVIINA	TED IF CHECKED
Allifatidale, VA, 22005		THIS REPLACES PRIOR EVIL	DENCE DATED.		
PROPERTY INFORMATION					
LOCATION/DESCRIPTION					
4501-4548 Little River Run Drive Annandale, VA, 22003					
Alliandale, VA, 22003					
THE POLICIES OF INSURANCE LISTED NOTWITHSTANDING ANY REQUIREME EVIDENCE OF PROPERTY INSURANCE SUBJECT TO ALL THE TERMS, EXCLUSION	ENT, TERM OR CONDITION OF ANY C E MAY BE ISSUED OR MAY PERTAIN,	ONTRACT OR OTHER I THE INSURANCE AFFO	OCUMENT WITH ORDED BY THE PO	RESPECT TO WHIC DLICIES DESCRIBE	CH THIS D HEREIN IS
COVERAGE INFORMATION					
	COVERAGE / PERILS / FORMS		Al	OUNT OF INSURANCE	DEDUCTIBLE
Coverage A- Building \$3,500.00 \$1,000.0 Coverage L- Business Liability \$1,000,00			'	,500.00 ,000,000.00	\$1,000.00 \$1,000.00
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REMARKS (Including Special Conditi	ions)				
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SHOULD ANY OF THE ABOVE DESC DELIVERED IN ACCORDANCE WITH		EFORE THE EXPIRATI	ON DATE THERE	OF, NOTICE WILL	BE
ADDITIONAL INTEREST					
NAME AND ADDRESS	Γ	MORTGAGEE	ADDITIONAL INS	IRED	
LOSS PAYEE			ADDITIONAL ING		
	L	LOAN#	1		
		AUTHORIZED REPRESENTATION A. Thomas	Ntub.	igitally signed by THONNN: cn=THOMAS NTUK mail=THOMAS.NTUK.0 N:COM, c=US	, AGENT, o, ou,

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ACORD® EVIDENCE OF PROPERTY INSURANCE				DATE (MW/DD/YYYY) 04/09/2018
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT A COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCES	FFIRMATIVELY OR NEG FINSURANCE DOES NO	T CONSTITUTE A C	EXTEND OF	ALTER THE
State Farm THOMAS NTUK STATE FARM AGENCY 150 ELDEN ST SUITE 275 HERNDON, VA 20170	State Farm Fire and Cas	ualty Company	naic #	25143
ACENCY CODE: #: CODE:				
NSURED	LOAN NUMBER	1	POLICY NUMB	ER
LITTLE RIVER MEWS HOMEOWNERS ASSOCIATION			96-BM-N01	5-7
C/O NORTHERN VIRGINIA MGMT	EFFECTIVE DATE	EXPIRATION DATE		NTINUED UNTIL
4306 EVERGREEN LN STE 101	10/06/2017	10/06/2018		RMINATED IF CHECKED
ANNANDALE, VA 22003-3217	THIS REPLACES PRIOR EVIC	ence dated:		
PROPERTY INFORMATION LOCATION/DESCRIPTION			***************************************	· · · · · · · · · · · · · · · · · · ·
4501-4548 LITTLE RIVER RUN OR. ANNANDALE, VA 22003				
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COVERAGE A - BUILDING		\$3,90		\$1,000
LOSS OF INCOME - UP TO 12 MONTHS BACKUP OF SEWERS AND DRAINS			RDED	\$1,000
EQUIPMENT BREAKDOWN			UDED	\$1,000
GLASS - ACTUAL LOSS SUSTAINED			ADED	\$1,000
COMPUTER PROPERTY		\$25,0	CONTRACTOR OF THE PARTY OF THE	\$500
COMPUTER LOSS OF INCOME		\$25,0	00	
INCREASED COST OF CONSTRUCTION & DEMOLITION		10%	OF BLDG	\$1,000
NEWLY ACQUIRED PROPERTY		\$250,		\$1.000
WATER, OTHER LIQUIDS, POWDER OR MOLTEN MATERIALS DAMAGE		INCL	JDED	\$1.000
REMARKS (Including Special Conditions))			
CANCELLATION			AT PARTICIPATION OF THE PARTIC	-1
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED EDELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	EFORE THE EXPIRATION	N DATE THEREOF	NOTICE W	ILL BE
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THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. PHONE (A/C. No. Ext): 703-481-2211 NAIC# 25143 StateFarm Thomas Ntuk State Farm insurance State Farm Fire and Casualty Company 104 Elden Street, Suite 16 A Herndon, VA 20170 FAX (A/C, Not: 703-481-9464 E-MAIL ADDRESS: CODE: 9B81 - 46 SUB CODE: AGENCY CUSTOMER ID #: LOAN NUMBER POLICY NUMBER INSUREO Little River Mews Homeowners Association 96-BM-N015-7 EFFECTIVE DATE c/o Northern Virginia Management EXPIRATION DATE CONTINUED UNTIL 4306 Evergreen Lane, Suite 101 10/06/2013 10/06/2014 TERMINATED IF CHECKED Annandale, VA 22003-3217 THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION 4501 - 4548 Little River Run Drive Annandale, VA 22003 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 EVIDENCE OF PROPERTY INSURANCE 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. COVERAGE INFORMATION COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE Coverage A Buildings \$3,100.00 1,000.00 Coverage L Business Liability 1,000,000 REMARKS (Including Special Conditions) 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. **ADDITIONAL INTEREST** NAME AND ADDRESS MORTGAGEE ADDITIONAL INSURED LOSS PAYEE Northern Virginia Management LOAN# 4306 Evergreen Lane, Suite 101 Annandale, VA 22003 AUTHORIZED REPRESENTATIVE © 1993-2009 ACORD CORPORATION. All rights reserved. ACORD 27 (2009/12)



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AGENCY PHONE (A/C, No, Ext): 703-481-2211	COMPANY		NAIC# 251	43
StateFarm Thomas Ntuk				
State Farm Insurance	State Farm Fire and Cas	ualty Company		
Hemdon, VA 20170	-			
FAX (No): 703-481-9464 E-MAIL ADDRESS:				
CODE: 9B81-46 SUB CODE:	- `			
CUSTOMER ID #:	LOAN NUMBER		POLICY NUMBER	
Little River Mews Homeowners Association	POLICY NUMBER 96-BM-N015-7			
c/o Northern Virginia Management	EFFECTIVE DATE EXPIRATION DATE		<u>-</u>	
4306 Evergreen Lane, Suite 101	10/06/2014 10/06/2015 CONTINUED UNTIL			
Annandale, VA 22003	THIS REPLACES PRIOR EVIL	· · · · · · · · · · · · · · · · · · ·		
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4501 - 4548 Little River Run Drive				
Annandale, VA 22003				
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Coverage A Buildings		\$3,3	00.00	\$1,000.00
Coverage L Business Liability		\$1.0	00,000	
Coverage L Dusiness Liability		\$1,0	30,000	
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CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED I DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS Northern Virginia Management	MORTGAGEE LOSS PAYEE LOAN #	ADDITIONAL INSURI	ED	BE
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