

COLO-39

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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 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).

Certificat	te noider in hed of such endorsement(s).				
PRODUCER Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000 Brenda Lodato Ext. 8051		-320-13/9	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
			INSURER(S) AFFORDING COVERAGE	GE	NAIC #
			INSURER A : Markel Insurance Company		38970
INSURED	Colonial Swimming League		INSURER B:		
	C/O D Johnson 6116 Wilmington Drive		INSURER C:		
	Burke, VA 22015		INSURER D:		
			INSURER E:		
			INSURER F:		
COVERAG	GES CERTIFICATE NUMBER:		REVISION	NUMBER:	
THIS IS T	O CERTIFY THAT THE POLICIES OF INSURANCE LISTED	BELOW HAV	/E BEEN ISSUED TO THE INSURED NAMED A	BOVE FOR THE PO	LICY PERIOD

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.

	COLO	001011071110 001	101	10110 01 00011		SUBR		POLICY EFF	POLICY EXP	· T		
INSR LTR		TYPE OF IN:	SUR	ANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	GEN	IERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GEN	NERA	AL LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MADI	E	X OCCUR						MED EXP (Any one person)	\$	5,000
	X	Incl Participar	nts							PERSONAL & ADV INJURY	\$	1,000,000
										GENERAL AGGREGATE	\$	3,000,000
	GEN	I'L AGGREGATE LIM	⁄ΙΙΤ Α	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	1,000,000
		POLICY PROJECT	O-	LOC							\$	
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$	
		DED RETE	NTIC	N\$							\$	
		RKERS COMPENSA' EMPLOYERS' LIAB		,						WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PART	TNEF	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LUDE		,					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under SCRIPTION OF OPER	RATI	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Acc	ident Insurance	е				4102AH239822	05/19/12	05/19/13	Med Max:		100,000
	Full	Excess								Ded:		\$250/Claim

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The certificate holder is named as an additional insured under the liability
policy. Coverage is provided under this policy only for sponsored/supervised
activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER	CANCELLATION
ALEXREC  Alexandria Dept of Recreation, Parks & Cultural Activities	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
C/O Ralph Baird or Mac Slover 1108 Jefferson Street Alexandria, VA 22314	AUTHORIZED REPRESENTATIVE

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**COLO-39** 

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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	20		CONTACT NAME:			
Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000		973-921-2876		FAX (A/C, No):		
Short Hills,	NJ 07078-5000 lato Ext. 8051		E-MAIL ADDRESS:			
Diciida Loc	ato Ext. 0031		INSURER(S) AFFORDING CO	VERAGE	NAIC #	
			INSURER A: Markel Insurance Compa	any	38970	
INSURED	Colonial Swimming League		INSURER B:			
	C/O D Johnson 6116 Wilmington Drive		INSURER C:			
	Burke, VA 22015		INSURER D:			
			INSURER E :			
			INSURER F:			
COVERAG	ES CERTIFICATE NUM	MBER:	REVIS	ION NUMBER:		
THIS IS T	O CEPTIEV THAT THE DOLICIES OF INSURANCE	LISTED BELOW HAVE	E BEEN ISSUED TO THE INSUDED NAM	ED ABOVE FOR THE BOI	ICA BEBIOD	

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 INSURA	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	GEN	IERAL LIABILITY							EACH OCCURRENCE	\$ 1,000,000
Α	Х	COMMERCIAL GENERA	AL LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE	X OCCUR						MED EXP (Any one person)	\$ 5,000
	Χ	Incl Participants	<u></u>						PERSONAL & ADV INJURY	\$ 1,000,000
									GENERAL AGGREGATE	\$ 3,000,000
	GEN	I'L AGGREGATE LIMIT A	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT	LOC							\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO							BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$
		DED RETENTIO	N \$							\$
		RKERS COMPENSATION  EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNER	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ICER/MEMBER EXCLUDE ndatory in NH)	:D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If ye	s, describe under CRIPTION OF OPERATION	ONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	ident Insurance				4102AH239822	05/19/12	05/19/13	Med Max:	100,000
	Full	Excess							Ded:	\$250/Claim

CERTIFICATE HOLDER		CANCELLATION
Arlington Knights of Columbus 5115 Little Falls Road	ARLINGT	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Arllington, VA 22207		AUTHORIZED REPRESENTATIVE



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PRODUCER Rollinger Inc		800-526-1379			
101 JFK P	arkwav	973-921-2876	PHONE (A/C. No. Ext):	FAX (A/C, No):	
Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000 Brenta Lodato Ext. 8051			E-MAIL ADDRESS:	(Aro, No).	
Dicilda Lo	dato Ext. 0001		INSURER(S) AFFORDING	COVERAGE	NAIC#
			INSURER A: Markel Insurance Con	npany	38970
INSURED	Colonial Swimming League		INSURER B:		
	C/O D Johnson 6116 Wilmington Drive		INSURER C:		
	Burke, VA 22015		INSURER D:		
			INSURER E :		
			INSURER F:		
COVERAG	GES CERTIFIC	ATE NIIMBED:	DE\	/ISION NUMBER:	

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INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
	GEN	IERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
Α	X	COMMERCIAL GENERAL LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE X OCCUR	t					MED EXP (Any one person)	\$ 5,000
	X	Incl Participants						PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 3,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER	:					PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT LOC							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULE AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNE	ĒD					PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR	e					EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS	S-MADE		4602AH022005	05/19/12	05/19/13	AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	Y/N N/A					E.L. EACH ACCIDENT	\$
	(Mai	ICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$
	If ye DES	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	ident Insurance			4102AH239822	05/19/12	05/19/13	Med Max:	100,000
	Full	Excess						Ded:	\$250/Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Coverage is provided under this policy only for sponsored and supervised activities of the named insured for which a premium has been paid. Certificate Holder is named as an additional insured with respect to the named insureds activities for which a premium has been paid.

OEKTII IOATE HOEDEK		DANGELLATION
Armfield Farms Homeowners Association C/O Castillo	ARMF020	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5116 Grande Forest Ct Centerville, VA 20120		AUTHORIZED REPRESENTATIVE

CANCELL ATION

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CERTIFICATE HOLDER



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(-)				
PRODUCER Pollinger Inc.		TV-III E.		
Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000	973-921-2876			
Short Hills, NJ 07078-5000 Brenda Lodato Ext. 8051		E-MAIL ADDRESS:		
Dienda Lodato Ext. 0001		INSURER(S) AFFORDING COVERAGE	NAIC#	
		INSURER A: Markel Insurance Company	38970	
INSURED Colonial Swimming League		INSURER B:		
C/O D Johnson 6116 Wilmington Drive		INSURER C:		
Burke, VA 22015		INSURER D:		
		INSURER E:		
		INSURER F:		
COVERAGES CERTIFICATE NUMBI	ER:	REVISION NUMBER:		

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	ACLUSIONS AND CONDITIONS OF SUCIT		_					
INSR LTR		ADDL S INSR V		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
	GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR			,			MED EXP (Any one person)	\$ 5,000
	X Incl Participants						PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS			,			BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)			,			E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Accident Insurance			4102AH239822	05/19/12	05/19/13	Med Max:	100,000
	Full Excess						Ded:	\$250/Claim
				,				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The certificate holder is named as an additional insured under the liability
policy. Coverage is provided under this policy only for sponsored/supervised
activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER		CANCELLATION
Ashburn Farm C/O Robert Matthias	ASBURFA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
20802 Misty Meadow Court Ashburn, VA 20147		AUTHORIZED REPRESENTATIVE

CANCELL ATION

CERTIFICATE HOLDER



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	,				
PRODUCER Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000 Brenda Lodato Ext. 8051		800-526-1379 973-921-2876	CONTACT NAME: PHONE (A/C, No, Ext):	FAX (A/C, No):	
			E-MAIL ADDRESS:	(100,110)	
Bronda 20	adio Exil 666 i		INSURER(S) AFFORDIN	NG COVERAGE	NAIC #
			INSURER A: Markel Insurance Co	ompany	38970
INSURED	Colonial Swimming League		INSURER B:		
	C/O D Johnson 6116 Wilmington Drive		INSURER C:		
	Burke, VA 22015		INSURER D:		
			INSURER E:		
			INSURER F:		
COVERAG	GES CERTIFICAT	TE NUMBER:	R	EVISION NUMBER:	

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INSR LTR		TYPE OF INSURA	NCE	ADDL INSR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	S
	GEN	IERAL LIABILITY		mon	****		(,	(,22,,	EACH OCCURRENCE	\$ 1,000,000
Α	Χ	COMMERCIAL GENERA	L LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE )	OCCUR						MED EXP (Any one person)	\$ 5,000
	Χ	Incl Participants							PERSONAL & ADV INJURY	\$ 1,000,000
									GENERAL AGGREGATE	\$ 3,000,000
	GEN	N'L AGGREGATE LIMIT AF	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT	LOC							\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO							BODILY INJURY (Per person)	\$
			SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
			NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									, , , , , , , , , , , , , , , , , , , ,	\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$
		DED RETENTION	N\$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY	,						WC STATU- OTH- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNER/	EXECUTIVE T / N	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ICER/MEMBER EXCLUDE   ndatory in NH)	D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CCRIPTION OF OPERATIO	NS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	ident Insurance				4102AH239822	05/19/12	05/19/13	Med Max:	100,000
ĺ	Full	Excess							Ded:	\$250/Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

OEKTII IOATE HOEBEK		CANCELLATION
Ashburn Village Community Assoc. 44110 Courtland D-rive	ASHBURN	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Ashburn, VA 20147		AUTHORIZED REPRESENTATIVE

CANCELL ATION

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Certifica	te molder in hed of such endorsement(s).				
PRODUCER Bollinger, Inc.		800-526-1379 CONT NAMI		FAX	
101 JFK Þá	arkway	973-921-2876 PHOT (A/C, E-MA		(A/C, No):	
Short Hills, NJ 07078-5000 Brenda Lodato Ext. 8051			RESS:		
			INSURER(S) AFFORDIN	IG COVERAGE	NAIC #
		INSU	IRER A : Markel Insurance Co	ompany	38970
INSURED	Colonial Swimming League C/O D Johnson	INSU	IRER B :		
	6116 Wilmington Drive	INSU	IRER C :		
	Burke, VA 22015	INSU	IRER D :		
		INSU	JRER E :		
		INSU	IRER F:		
COVERAG	GES CERTIFICATE NUM	BER:	R	EVISION NUMBER:	·
THIS IS	O CERTIFY THAT THE POLICIES OF INSURANCE	LISTED BELOW HAVE BE	EEN ISSUED TO THE INSURED	NAMED ABOVE FOR THE P	OLICY 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 INSURA	NCE	ADDL INSR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	S
	GEN	IERAL LIABILITY		mon	****		(,	(,22,,	EACH OCCURRENCE	\$ 1,000,000
Α	Χ	COMMERCIAL GENERA	L LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE )	OCCUR						MED EXP (Any one person)	\$ 5,000
	Χ	Incl Participants							PERSONAL & ADV INJURY	\$ 1,000,000
									GENERAL AGGREGATE	\$ 3,000,000
	GEN	N'L AGGREGATE LIMIT AF	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT	LOC							\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO							BODILY INJURY (Per person)	\$
			SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
			NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									, , , , , , , , , , , , , , , , , , , ,	\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$
		DED RETENTION	N\$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY	,						WC STATU- OTH- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNER/	EXECUTIVE T / N	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ICER/MEMBER EXCLUDE   ndatory in NH)	D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CCRIPTION OF OPERATIO	NS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	ident Insurance				4102AH239822	05/19/12	05/19/13	Med Max:	100,000
ĺ	Full	Excess							Ded:	\$250/Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOL	DER	CANCELLATION
	BARRING	
		SHOULD ANY OF

Barrington Homeowner's Assoc. **Jeffrey Charles & Associates** Cathy Doyle 6422 Grovedale Dr Suite 201C Alexandria, VA 22310

THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE** 



**COLO-39** 

OP ID: BL

DATE (MM/DD/YYYY)

05/21/12

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 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

certificat	te notaer in tieu of such endorsement(s).							
	arkway , NJ 07078-5000	973-921-2876 PHO (A/C E-M/						
Brenda Loc	dato Ext. 8051		insurer(s) Affording COV SURER A : Markel Insurance Compa		NAIC#			
INSURED	Colonial Swimming League C/O D Johnson 6116 Wilmington Drive	INSU	SURER B :	•				
	Burke, VA 22015		SURER D :					
			SURER F:					
COVERAG	GES CERTIFICATE NUME	ER:	REVISI	ON NUMBER:				
	O CERTIFY THAT THE POLICIES OF INSURANCE I							

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 INSURA	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	GEN	IERAL LIABILITY							EACH OCCURRENCE	\$ 1,000,000
Α	Х	COMMERCIAL GENERA	AL LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE	X OCCUR						MED EXP (Any one person)	\$ 5,000
	Χ	Incl Participants	<u></u>						PERSONAL & ADV INJURY	\$ 1,000,000
									GENERAL AGGREGATE	\$ 3,000,000
	GEN	I'L AGGREGATE LIMIT A	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT	LOC							\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO							BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$
		DED RETENTIO	N \$							\$
		RKERS COMPENSATION  EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNER	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ICER/MEMBER EXCLUDE ndatory in NH)	:D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If ye	s, describe under CRIPTION OF OPERATION	ONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	ident Insurance				4102AH239822	05/19/12	05/19/13	Med Max:	100,000
	Full	Excess							Ded:	\$250/Claim

CERTIFICATE HOLDER		CANCELLATION
Broadlands Associates Inc. 21907 Claiborne Parkway Ashburn, VA 20148	BROALAN	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ASIIDUIII, VA 20140		AUTHORIZED REPRESENTATIVE
		6 1000 1010 1000



**COLO-39** 

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	e terms and conditions of the policy rtificate holder in lieu of such endor	•			idorse	ment. A sta	tement on th	is certificate does not o	onfer	rights to the
PRODUCER Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000 Brenda Lodato Ext. 8051		973-921-2876	CONTA NAME: PHONE (A/C, No E-MAIL ADDRE	o, Ext):		FAX (A/C, No):	:			
DI GII	ua Louato Ext. 8031					INS	URER(S) AFFOR	DING COVERAGE		NAIC#
					INSURE	R A : Markel	Insurance	Company		38970
INSU		jue			INSURE	RB:				
C/O D Johnson 6116 Wilmington Drive				INSURER C: INSURER D:						
Burke, VA 22015										
					INSURER E:					
					INSURE	RF:				
COI	/ERAGES CER	TIFI	CAT	NUMBER:				REVISION NUMBER:		
INI CE	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.									
NSR _TR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY					•		EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			3602AH239823		05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000

LTR		TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	S
Α	GEN X	ERAL LIABILITY  COMMERCIAL GENERAL LIABILITY			3602AH239823	05/19/12	05/19/13	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	-	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
	X	Incl Participants						PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 3,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT LOC							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER	
		PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	ident Insurance			4102AH239822	05/19/12	05/19/13	Med Max:	100,000
	Full	Excess						Ded:	\$250/Claim

CERTIFICATE HOLDER		CANCELLATION
Burke Centre Conservancy 6060 Burke Centre Parkway Burke, VA 22015	BURKECE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Burke, VA 22013		AUTHORIZED REPRESENTATIVE
		Satural J.
		© 4000 0040 400DD CODDODATION All 1-14



**COLO-39** 

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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 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 Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000 Brenda Lodato Ext. 8051		800-526-1379 973-921-2876	MANIE.	FAX (A/C, No):	
			E-MAIL ADDRESS:		
Dionau 20	dato Extr 6001		INSURER(S) AFFORDING C	OVERAGE	NAIC #
			INSURER A: Markel Insurance Com	pany	38970
INSURED	Colonial Swimming League		INSURER B:		
	C/O D Johnson 6116 Wilmington Drive		INSURER C:		
	Burke, VA 22015		INSURER D:		
			INSURER E:		
			INSURER F:		
COVERA	GES CERTIFICATE NUM	BFR·	REVI	SION 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 INSURA	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	GEN	IERAL LIABILITY							EACH OCCURRENCE	\$ 1,000,000
Α	Х	COMMERCIAL GENERA	AL LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE	X OCCUR						MED EXP (Any one person)	\$ 5,000
	Χ	Incl Participants	<u></u>						PERSONAL & ADV INJURY	\$ 1,000,000
									GENERAL AGGREGATE	\$ 3,000,000
	GEN	I'L AGGREGATE LIMIT A	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT	LOC							\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO							BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$
		DED RETENTIO	N \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PATNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)								WC STATU- OTH- TORY LIMITS ER	
			N/A					E.L. EACH ACCIDENT	\$	
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If ye	s, describe under CRIPTION OF OPERATION	ONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	ident Insurance				4102AH239822	05/19/12	05/19/13	Med Max:	100,000
	Full	Excess							Ded:	\$250/Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Coverage is provided under this policy only for sponsored and supervised activities of the named insured for which a premium has been paid. Certificate Holder is named as an additional insured with respect to the named insureds activities for which a premium has been paid.

CERTIFICATE HOLDER		CANCELLATION
Cascades Community Association Saulty Drive	CASC030	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Sterling, VA 20165		AUTHORIZED REPRESENTATIVE



**COLO-39** 

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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PRODUCER Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000 Brenda Lodato Ext. 8051		000-320-1379			
		973-921-2876	PHONE (A/C, No, Ext):	FAX (A/C, No):	
			E-MAIL ADDRESS:		
Dionau 20	adio Exil 6001		INSURER(S) AFFORDING COVERA	GE	NAIC #
			<b>INSURER A: Markel Insurance Company</b>		38970
INSURED	Colonial Swimming League		INSURER B:		
	C/O D Johnson 6116 Wilmington Drive		INSURER C:		
	Burke, VA 22015		INSURER D:		
			INSURER E:		
			INSURER F:		
COVEDA	CEQ CEDITIEICATE NU	MDED.	DEVISION	MILIMPED.	

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 INSURA	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	GEN	IERAL LIABILITY							EACH OCCURRENCE	\$ 1,000,000
Α	Х	COMMERCIAL GENERA	AL LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE	X OCCUR						MED EXP (Any one person)	\$ 5,000
	Χ	Incl Participants	<u></u>						PERSONAL & ADV INJURY	\$ 1,000,000
									GENERAL AGGREGATE	\$ 3,000,000
	GEN	I'L AGGREGATE LIMIT A	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT	LOC							\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO							BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$
		DED RETENTIO	N \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PATNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)								WC STATU- OTH- TORY LIMITS ER	
			N/A					E.L. EACH ACCIDENT	\$	
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If ye	s, describe under CRIPTION OF OPERATION	ONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	ident Insurance				4102AH239822	05/19/12	05/19/13	Med Max:	100,000
	Full	Excess							Ded:	\$250/Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Coverage is provided under this policy only for sponsored and supervised activities of the named insured for which a premium has been paid. Certificate Holder is named as an additional insured with respect to the named insureds activities for which a premium has been paid.

CERTIFICATE HOLDER		CANCELLATION
Chantilly Highlands Homeowners Association	CHAN030	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
P.O. Box 710238 Oak Hill, VA 20171-0238		AUTHORIZED REPRESENTATIVE

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**COLO-39** 

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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PRODUCER Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000 Brenda Lodato Ext. 8051		800-526-1379					
		973-921-2876	PHONE (A/C. No. Ext):	FAX (A/C, No):			
			E-MAIL ADDRESS:	1 (32,32)	-		
Dicilaa Lo	dato Ext. 6661		INSURER(S) AFFORDING (	COVERAGE	NAIC#		
			INSURER A: Markel Insurance Com	pany	38970		
INSURED	Colonial Swimming League		INSURER B:				
	C/O D Johnson 6116 Wilmington Drive		INSURER C:				
	Burke, VA 22015		INSURER D:				
			INSURER E:				
			INSURER F:				
COVEDAC	CERTIFICATE N	IIMBED.	DEV	ISION NI IMBED:			

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5
	GEN	NERAL LIABILITY				,		EACH OCCURRENCE	\$ 1,000,000
Α	Х	COMMERCIAL GENERAL LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
	Χ	Incl Participants						PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 3,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT LOC							\$
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$
	DED RETENTION \$								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)							WC STATU- OTH- TORY LIMITS ER	
			N/A					E.L. EACH ACCIDENT	\$
			N/ A					E.L. DISEASE - EA EMPLOYEE	\$
	If ye	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	cident Insurance			4102AH239822	05/19/12	05/19/13	Med Max:	100,000
	Full	I Excess						Ded:	\$250/Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Coverage is provided under this policy only for sponsored and supervised activities of the named insured for which a premium has been paid. Certificate Holder is named as an additional insured with respect to the named insureds activities for which a premium has been paid.

CERTIFICATE HOLDER		CANCELLATION
	CHAN030	
		SHOULD ANY OF

**Chantilly Highlands Swim Team** Swim Team 3252 Kinross Circle Oak Hill, VA 20171-3320

THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



**COLO-39** 

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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 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).

	nc. arkway , NJ 07078-5000 dato Ext. 8051	800-526-1379 CONTACT NAME: PHONE (A/C, No. E-MAIL ADDRESS	Ext):	FAX (A/C, No):					
Dicilda Lo	dato Ext. 0001		GE	NAIC #					
		INSURER	38	970					
INSURED	Colonial Swimming League	INSURER	В:						
	C/O D Johnson 6116 Wilmington Drive	INSURER	C:						
	Burke, VA 22015	INSURER	D:						
		INSURER	E:						
		INSURER	F:						
COVERAC	GES CERTIFICATE NUI	MBER:	REVISION	NUMBER:					
THIS IS T	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD								

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.

	EXCECCIONO / NAD CONDITIONO OF COC					SUBR		POLICY EFF	POLICY EXP	· T		
INSR LTR		TYPE OF IN:	SUR	ANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	GEN	IERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GEN	NERA	AL LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MADI	E	X OCCUR						MED EXP (Any one person)	\$	5,000
	X	Incl Participar	nts							PERSONAL & ADV INJURY	\$	1,000,000
										GENERAL AGGREGATE	\$	3,000,000
	GEN	I'L AGGREGATE LIM	⁄ΙΙΤ Α	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	1,000,000
		POLICY PROJECT	O-	LOC							\$	
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$	
	DED RETENTION \$								\$			
		RKERS COMPENSA' EMPLOYERS' LIAB		,						WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. EACH ACCIDENT	\$			
			,					E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	Acc	ident Insurance	е				4102AH239822	05/19/12	05/19/13	Med Max:		100,000
	Full	Excess								Ded:		\$250/Claim

CERTIFICATE HOLDER		CANCELLATION
Chantilly National Golf & Country Club 14901 Braddock Road	CHANTNA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Chantilly, VA 20151		AUTHORIZED REPRESENTATIVE



**COLO-39** 

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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 be endorsed. If SUBROGATION IS WAIVED, subject to

	he terms and conditions of the policy, ertificate holder in lieu of such endors				ndorse	ment. A stat	tement on th	is certificate does not co	onfer	rights to the
	DDUCER			800-526-1379	CONTA NAME:	СТ				
Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000 Brenda Lodato Ext. 8051			973-921-2876			PHONE FAX				
								(A/C, No):		
					ADDRE					1
							. ,	DING COVERAGE		NAIC #
					INSURE	RA: Markel	Insurance	Company		38970
INS	URED Colonial Swimming Leag C/O D Johnson	ue			INSURE	RB:				
	6116 Wilmington Drive				INSURE	ER C:				
	Burke, VA 22015				INSURE	ER D :				
	· · · · · · · · · · · · · · · · · · ·				INSURE	RF:				
					INSURE					
CC	VERAGES CER	TIFIC	CATE	E NUMBER:	INCORL	-K1.		REVISION NUMBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	ст то	WHICH THIS
LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3	
	GENERAL LIABILITY								\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			3602AH239823		05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000
	X Incl Participants							PERSONAL & ADV INJURY	\$	1,000,000
									\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	1,000,000
	POLICY PRO- LOC								\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		
									\$	
	ANY AUTO ALL OWNED SCHEDULED							` ' '		
	AUTOS AUTOS NON-OWNED							DDODEDTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
			<u> </u>						\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE			4602AH022005		05/19/12	05/19/13	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE								\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$	
Α	Accident Insurance			4102AH239822		05/19/12	05/19/13	Med Max:	Ψ	100.000
^	Full Excess			4102A11233022		03/13/12	03/13/13	Ded:		\$250/Claim
	ruii Excess							Deu.		\$250/Claiiii
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL		<u> </u>							
Cor	verage is provided under the civities of the named insur-	is	poli	icy only for spons	ored	and super				
	DTIFICATE LIGI DED				0411	2511 4 5121				
CE	RTIFICATE HOLDER				CAN	CELLATION				
	Colonial Swim League C/O Katrina Stroud 32 Aldridge Cout Sterling, VA 20165			COLO030	ACC	EXPIRATION CORDANCE WI	N DATE TH TH THE POLIC NTATIVE	DESCRIBED POLICIES BE CA EREOF, NOTICE WILL B CY PROVISIONS.		
	ottoming, VA 20100			· ·	I	Ju.	Kidul I			



COLO-39

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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certificate	holder in lieu of such endorsement(s).					
PRODUCER	800-526-1379					
Bollinger, Ind 101 JFK Park	kway 973-921-2876					
Short Hills, N Brenda Loda	IJ 07078-5000 to Ext. 8051	E-MAIL ADDRESS:				
Brenda Loda	10 Ext. 0001	INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A: Markel Insurance Company	38970			
INSURED	Colonial Swimming League C/O D Johnson	INSURER B:				
	6116 Wilmington Drive	INSURER C:				
	Burke, VA 22015	INSURER D:				
		INSURER E:				
		INSURER F:				
COVERAGE	S 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					

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INSR LTR		TYPE OF INSUR	ANC	E	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	GEN	NERAL LIABILITY			III	1112		(,		EACH OCCURRENCE	\$	1,000,000
Α	Х	COMMERCIAL GENER	AL L	IABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MADE	Χ	OCCUR						MED EXP (Any one person)	\$	5,000
	Х	Incl Participants		•						PERSONAL & ADV INJURY	\$	1,000,000
										GENERAL AGGREGATE	\$	3,000,000
	GEN	N'L AGGREGATE LIMIT A	APPL	JES PER:						PRODUCTS - COMP/OP AGG	\$	1,000,000
		POLICY PRO- JECT		LOC							\$	
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		HEDULED						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		N-OWNED ITOS						PROPERTY DAMAGE (Per accident)	\$	
										,	\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$	
		DED RETENTION	ON \$								\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILIT								WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PARTNER	R/EX		N/A					E.L. EACH ACCIDENT	\$	
		FICER/MEMBER EXCLUDI ndatory in NH)	ED?		N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If ye	s, describe under SCRIPTION OF OPERATI	IONS	S below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Acc	ident Insurance					4102AH239822	05/19/12	05/19/13	Med Max:		100,000
	Full	Excess								Ded:		\$250/Claim

CERTIFICATE HOLDER		CANCELLATION
Country Side Proprietary Suite 120 6 Pidgeon Hill Drive	CONTRSI	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Sterling, VA 20165		AUTHORIZED REPRESENTATIVE
		© 4000 0040 ACODD CODDODATION All sinks account



**COLO-39** 

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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	rtificate holder in lieu of such endor	•			aorse	ment. A stat	tement on th	is certificate does not c	onter	rights to the
	UCER			800-526-1379	CONTA NAME:	СТ				
Bollinger, Inc. 101 JFK Parkway 973-921-287			973-921-2876	PHONE (A/C, No	o, Ext):		FAX (A/C, No):			
	t Hills, NJ 07078-5000 da Lodato Ext. 8051				É-MAIL ADDRE	SS:				
DIEI	ua Loualo Ext. 8031					INS	URER(S) AFFORI	DING COVERAGE		NAIC #
					INSURE	RA: Markel	Insurance (	Company		38970
INSUI		jue			INSURE	RB:				
C/O D Johnson 6116 Wilmington Drive			RC:							
	Burke, VA 22015				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	'ERAGES CEF	RTIFI	CAT	E NUMBER:				REVISION NUMBER:		
	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R									-
	RTIFICATE MAY BE ISSUED OR MAY								O ALL	THE TERMS,
	CLUSIONS AND CONDITIONS OF SUCH				BEEN F					
NSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY				_			EACH OCCURRENCE	\$	1,000,000
_		1	1					DAMAGE TO RENTED		

3602AH239823 05/19/12 100,000 X | COMMERCIAL GENERAL LIABILITY 05/19/13 PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR 5,000 MED EXP (Any one person) \$ X Incl Participants 1,000,000 PERSONAL & ADV INJURY \$ 3,000,000 \$ GENERAL AGGREGATE 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-JECT \$ POLICY LOC COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED **SCHEDULED** BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS AUTOS PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) \$ **UMBRELLA LIAB EACH OCCURRENCE** \$ OCCUR **EXCESS LIAB** 4602AH022005 05/19/12 05/19/13 CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 4102AH239822 05/19/12 05/19/13 100.000 **Accident Insurance** Med Max: \$250/Claim Full Excess Ded:

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Coverage is provided under this policy only for sponsored/supervised
activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER		CANCELLATION
Countryside Waves Swim Team 11 Webley Court	COUNTSI	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Sterling, VA 20165		AUTHORIZED REPRESENTATIVE



**COLO-39** 

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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Certificat	e noider in ned of such endorsement(s).				
PRODUCER		800-526-1379	CONTACT NAME:		
Bollinger, I 101 JFK Pa	ırkway	973-921-2876	PHONE (A/C, No, Ext):	FAX (A/C	( C, No):
Short Hills,	, NJ 07078-5000 dato Ext. 8051		E-MAIL ADDRESS:		
Dicilua Loc	auto Ext. 0001		INSUREF	R(S) AFFORDING COVERAGE	NAIC #
			INSURER A: Markel Ins	urance Company	38970
INSURED	Colonial Swimming League		INSURER B:		
	C/O D Johnson 6116 Wilmington Drive		INSURER C:		
	Burke, VA 22015		INSURER D :		
			INSURER E :		
			INSURER F:		
COVERAG	SES CERTIFICATE NUMB	ER:		REVISION NUMBE	R:
	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD				

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INSR LTR	TYPE OF INSURANCE	ADDL SUE		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
Α	X COMMERCIAL GENERAL LIABILITY		3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
	X Incl Participants					PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	POLICY PRO- JECT LOC						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE		4602AH022005	05/19/12	05/19/13	AGGREGATE	\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
Α	Accident Insurance		4102AH239822	05/19/12	05/19/13	Med Max:	100,000
	Full Excess					Ded:	\$250/Claim

CERTIFICATE HOLDER		CANCELLATION
Fort Myer Officers Club Fort Meyers Swim Team Fort Myer	FORTOFF	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Arlington, VA 22201		AUTHORIZED REPRESENTATIVE
		A 4000 CO40 A CODE CORROBATION AND CLASS CO.



COLO-39

OP ID: BL

05/21/12

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certificat	e holder in lieu of such endorsement(s).					
PRODUCER		800-526-1379	CONTACT NAME:			
Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000 Brenda Lodato Ext. 8051		973-921-2876	PHONE	(c, No):		
Di ciida Loc	ado Ext. 6001		INSURER(S) AFFORDING COVERAGE	NAIC#		
			INSURER A: Markel Insurance Company	38970		
INSURED	Colonial Swimming League		INSURER B:			
	C/O D Johnson 6116 Wilmington Drive		INSURER C:			
	Burke, VA 22015		INSURER D:			
			INSURER E:			
			INSURER F:			
COVERAG	SES CERTIFICATE NUMBE	R:	REVISION NUMBE	R:		
INDICATE	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 ADDL SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE LIMITS **POLICY NUMBER** LTR **GENERAL LIABILITY** 1,000,000 EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) 3602AH239823 05/19/12 05/19/13 100,000 X COMMERCIAL GENERAL LIABILITY \$ CLAIMS-MADE | X | OCCUR 5,000 MED EXP (Any one person) \$ Incl Participants 1.000.000 PERSONAL & ADV INJURY \$ 3,000,000 \$ GENERAL AGGREGATE 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-JECT \$ POLICY COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS AUTOS PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) \$ **UMBRELLA LIAB EACH OCCURRENCE** \$ OCCUR **EXCESS LIAB** 4602AH022005 05/19/12 05/19/13 CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 4102AH239822 05/19/12 05/19/13 100.000 **Accident Insurance** Med Max: \$250/Claim Full Excess Ded:

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Coverage is provided under this policy only for sponsored and supervised
activities of the named insured for which a premium has been paid.
Certificate Holder is named as an additional insured with respect to the
named insureds activities for which a premium has been paid.

CERTIFICATE HOLDER		CANCELLATION
Franklin Farm Swim Team C/O James Krouse 13219 Wrenn House Lane	FRAN030	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Oak Hill, VA 20171		AUTHORIZED REPRESENTATIVE



**COLO-39** 

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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 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 Bollinger	Rollinger Inc		CONTACT NAME:		
101 JFK Pa	arkwav	973-921-2876	PHONE (A/C. No. Ext):	FAX (A/C, No):	
Short Hills	nr. NJ 07078-5000 dato Ext. 8051		E-MAIL ADDRESS:	1 (32,32)	-
Dicilaa Lo	dato Ext. 6661		INSURER(S) AFFORDING (	COVERAGE	NAIC#
			INSURER A: Markel Insurance Com	pany	38970
	Colonial Swimming League		INSURER B:		
	C/O D Johnson 6116 Wilmington Drive		INSURER C:		
	Burke, VA 22015		INSURER D:		
			INSURER E:		
			INSURER F:		
COVEDAC	CERTIFICATE N	IIMBED.	DEV	ISION NI IMBED:	

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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	COLO	001011071110 001	101	10110 01 00011		SUBR		POLICY EFF	POLICY EXP	· T		
INSR LTR		TYPE OF IN:	SUR	ANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	GEN	IERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GEN	NERA	AL LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MADI	E	X OCCUR						MED EXP (Any one person)	\$	5,000
	X	Incl Participar	nts							PERSONAL & ADV INJURY	\$	1,000,000
										GENERAL AGGREGATE	\$	3,000,000
	GEN	I'L AGGREGATE LIM	⁄ΙΙΤ Α	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	1,000,000
		POLICY PROJECT	O-	LOC							\$	
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$	
		DED RETE	NTIC	N\$							\$	
		RKERS COMPENSA' EMPLOYERS' LIAB		,						WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PART	TNEF	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LUDE		,					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under SCRIPTION OF OPER	RATI	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Acc	ident Insurance	е				4102AH239822	05/19/12	05/19/13	Med Max:		100,000
	Full Excess								Ded:		\$250/Claim	

CERTIFICATE HOLDER		CANCELLATION
Franklin Glen Swim Team C/O B Funaki	FRANGLN	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
13301 Tuckaway Fairfax, VA 22033		AUTHORIZED REPRESENTATIVE



COLO-39

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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certifica	te holder in lieu of such endorsement(s).		
	Inc. 800-526-1379 arkway 973-921-2876 i, NJ 07078-5000 dato Ext. 8051	BUOLET FAV	
Dieliaa Lo	dato Ext. 6651	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Markel Insurance Company	38970
INSURED	Colonial Swimming League C/O D Johnson	INSURER B:	38970  POLICY PERIOD OWNICH THIS
	6116 Wilmington Drive	INSURER C:	
	Burke, VA 22015	INSURER D:	
		INSURER E:	
		INSURER F:	
COVERA	GES CERTIFICATE NUMBER:	REVISION NUMBER:	
	TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA		-
	ED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION		
	CATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD IONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE		THE TERMS,
NSR	ADDI SUBR	POLICY FEE   POLICY FXP	

TYPE OF INSURANCE (MM/DD/YYYY) (MM/DD/YYYY) LIMITS LTR INSR WVD **POLICY NUMBER GENERAL LIABILITY** 1,000,000 EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) 3602AH239823 05/19/12 05/19/13 100,000 X COMMERCIAL GENERAL LIABILITY \$ CLAIMS-MADE | X | OCCUR 5,000 MED EXP (Any one person) \$ **Incl Participants** 1.000.000 PERSONAL & ADV INJURY \$ 3,000,000 \$ GENERAL AGGREGATE 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-JECT \$ POLICY COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS AUTOS PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) \$ **UMBRELLA LIAB EACH OCCURRENCE** \$ OCCUR **EXCESS LIAB** 4602AH022005 05/19/12 05/19/13 CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 4102AH239822 05/19/12 05/19/13 100.000 **Accident Insurance** Med Max: Ded: \$250/Claim Full Excess

CERTIFICATE HOLDER		CANCELLATION
Glen Cove Swim Club 5400 Long Boat Court	GLENGOV	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Fairfax, VA 22032		AUTHORIZED REPRESENTATIVE



**COLO-39** 

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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	,				
PRODUCER Bollinger, 101 JFK Pa	Inc. arkway	800-526-1379 973-921-2876	CONTACT NAME: PHONE (A/C, No, Ext):	FAX (A/C, No):	
Short Hills	s, NJ 07078-5000 dato Ext. 8051		E-MAIL ADDRESS:	(100,110)	
Diona Edato Ext. 555.			INSURER(S) AFFORDING COVERAGE		NAIC #
			INSURER A: Markel Insurance Co	ompany	38970
INSURED	Colonial Swimming League		INSURER B:		
	C/O D Johnson 6116 Wilmington Drive		INSURER C:		
	Burke, VA 22015		INSURER D:		
			INSURER E:		
			INSURER F:		
COVERAG	GES CERTIFICAT	TE NUMBER:	R	EVISION NUMBER:	

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INSR LTR		TYPE OF INSURA	NCE	ADDL INSR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	S
	GEN	IERAL LIABILITY		mon	****		(,	(,22,,	EACH OCCURRENCE	\$ 1,000,000
Α	Χ	COMMERCIAL GENERA	L LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE )	OCCUR						MED EXP (Any one person)	\$ 5,000
	Χ	Incl Participants							PERSONAL & ADV INJURY	\$ 1,000,000
									GENERAL AGGREGATE	\$ 3,000,000
	GEN	N'L AGGREGATE LIMIT AF	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT	LOC							\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO							BODILY INJURY (Per person)	\$
			SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
			NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									, , , , , , , , , , , , , , , , , , , ,	\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$
		DED RETENTION	N\$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY	,						WC STATU- OTH- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNER/	EXECUTIVE T / N	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ICER/MEMBER EXCLUDE   ndatory in NH)	D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under SCRIPTION OF OPERATIO	NS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	ident Insurance				4102AH239822	05/19/12	05/19/13	Med Max:	100,000
ĺ	Full Excess							Ded:	\$250/Claim	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER		CANCELLATION
	HAMPTON	

**Hampton Chase Recreation Assoc** C/O Gus Kim 5277 Tractor Lane Fairfiax, VA 22030

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

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COLO-39

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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certificat	te notaer in tieu of such endorsement(s).			
PRODUCER		800-526-1379 CONTACT NAME:		
Bollinger, I 101 JFK Pa	arkway	973-921-2876 PHONE (A/C, No, Ext)	FAX (A/C, N	lo):
	, NJ 07078-5000 dato Ext. 8051	E-MAIL ADDRESS:		
Di ciida Lo	dato Ext. 6001		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A :	Markel Insurance Company	38970
INSURED	Colonial Swimming League	INSURER B :		
	C/O D Johnson 6116 Wilmington Drive	INSURER C :		
	Burke, VA 22015	INSURER D :		
		INSURER E :		
		INSURER F:		
COVERAG	GES CERTIFICATE NUM	BER:	REVISION NUMBER	<u>:                                    </u>
THIS IS T	O CERTIFY THAT THE POLICIES OF INSURANCE	LISTED BELOW HAVE BEEN IS	SUED TO THE INSURED NAMED ABOVE FOR	THE POLICY PERIOD
INDICATE	D NOTWITHSTANDING ANY REQUIREMENT TE	RM OR CONDITION OF ANY CO	NTRACT OR OTHER DOCUMENT WITH RES	PECT TO WHICH THIS

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5
	GEN	NERAL LIABILITY				,		EACH OCCURRENCE	\$ 1,000,000
Α	Х	COMMERCIAL GENERAL LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
	Χ	Incl Participants						PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 3,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT LOC							\$
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION D EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Ma	FICER/MEMBER EXCLUDED? undatory in NH)	N/ A					E.L. DISEASE - EA EMPLOYEE	\$
	If ye	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	cident Insurance			4102AH239822	05/19/12	05/19/13	Med Max:	100,000
	Full	I Excess						Ded:	\$250/Claim

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Coverage is provided under this policy only for sponsored and supervised
activities of the named insured for which a premium has been paid.
Certificate Holder is named as an additional insured with respect to the
named insureds activities for which a premium has been paid.

CERTIFICATE HOLDER	CANCELLATION
HAYD0: Hayden Village Homeowners Association C/O Deidra Earle	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5483 Rockpointe Drive Clifton, VA 20124	AUTHORIZED REPRESENTATIVE



**COLO-39** 

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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PRODUCER Bollinger, I 101 JFK Pa Short Hills	nc. ırkway , NJ 07078-5000 dato Ext. 8051	800-526-1379 973-921-2876	MANIE.	FAX (A/C, No):	
Dieliua Lo	ualo Ext. 6051		INSURER(S) AFFORDING COVERA	GE	NAIC #
			INSURER A: Markel Insurance Company		38970
INSURED	Colonial Swimming League		INSURER B:		
	C/O D Johnson 6116 Wilmington Drive		INSURER C:		
	Burke, VA 22015		INSURER D:		
			INSURER E:		
			INSURER F:		
COVERAC	GES CERTIFICATE NUME	BER:	REVISION	NUMBER:	

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INSR LTR		TYPE OF INSURA	NCE	ADDL INSR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	S
	GEN	IERAL LIABILITY		mon	****		(,	(,22,,	EACH OCCURRENCE	\$ 1,000,000
Α	Χ	COMMERCIAL GENERA	L LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE )	OCCUR						MED EXP (Any one person)	\$ 5,000
	Χ	Incl Participants							PERSONAL & ADV INJURY	\$ 1,000,000
									GENERAL AGGREGATE	\$ 3,000,000
	GEN	N'L AGGREGATE LIMIT AF	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT	LOC							\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO							BODILY INJURY (Per person)	\$
			SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
			NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									, , , , , , , , , , , , , , , , , , , ,	\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$
		DED RETENTION	N\$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY	,						WC STATU- OTH- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNER/	EXECUTIVE T / N	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ICER/MEMBER EXCLUDE   ndatory in NH)	D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under SCRIPTION OF OPERATIO	NS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	ident Insurance				4102AH239822	05/19/12	05/19/13	Med Max:	100,000
ĺ	Full Excess								Ded:	\$250/Claim

CERTIFICATE HOLDER	CANCELLATION
MANG Manorgate HOA C/O Kathy Culleiton 14322 Compton Village	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Centerville, VA 20121	AUTHORIZED REPRESENTATIVE



**COLO-39** 

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PRODUCER Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000 Brenda Lodato Ext. 8051		800-526-1379 973-921-2876	.v	
			INSURER(S) AFFORDING COVERAGE	NAIC#
			INSURER A : Markel Insurance Company	38970
INSURED	Colonial Swimming L	eague	INSURER B:	
	C/O D Johnson 6116 Wilmington Driv	re l	INSURER C:	
	Burke, VA 22015		INSURER D:	
			INSURER E:	
			INSURER F:	
COVERA	GES (	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.

	COLO	001011071110 001	IVDI	110110 01 00011		SUBR		POLICY EFF	POLICY EXP	· T		
INSR LTR		TYPE OF IN:	SUR	ANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	<u> </u>	
	GEN	IERAL LIABILITY								EACH OCCURRENCE	\$ 1,0	00,000
Α	X	COMMERCIAL GEN	NER/	AL LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1	00,000
		CLAIMS-MADI	EL	X OCCUR						MED EXP (Any one person)	\$	5,000
	X	Incl Participar	nts							PERSONAL & ADV INJURY	\$ 1,0	00,000
										GENERAL AGGREGATE	\$ 3,0	00,000
	GEN	I'L AGGREGATE LIM	⁄ІІТ А	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,0	00,000
		POLICY PROJECT	O-	LOC							\$	
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$	
	DED RETENTION \$								\$			
		RKERS COMPENSA' EMPLOYERS' LIAB		.,						WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PARTICER/MEMBER EXCL	TNEF	R/EXECUTIVE T / N	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LUDE	-D?						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under SCRIPTION OF OPER	RATI	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Acc	ident Insurance	е				4102AH239822	05/19/12	05/19/13	Med Max:	1	00,000
	Full	Excess								Ded:	\$250	/Claim

CERTIFICATE HOLDER		CANCELLATION				
Saratoga Recreational Group P.O. Box 6283	SARATRE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Springfield, VA 22150		AUTHORIZED REPRESENTATIVE				



**COLO-39** 

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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C	ertifi	cate holder in lieu		•			140130	ment. A sta	tomont on ti	no derimodic doco noi d	O.I.I.C.	riginio to the
PRC	DUCE	R _				800-526-1379	CONTA NAME:	СТ				
Bollinger, Inc. 101 JFK Parkway						973-921-2876						
Sho	ort Hi	ills, NJ 07078-5000	)			010 021 2010	E-MAIL			(A/C, NO).		
Bre	nda l	Lodato Ext. 8051					ADDRE		LIDED(O) AFFOR	DINO COVERAGE		NAIO #
									Insurance	DING COVERAGE		NAIC #
INSI	JRED	Colonial Sv	vimming Leag	IIIE					ilisurance	Company		30370
	JILLD	C/O D John	son	,			INSURE					
		6116 Wilmin					INSURE					
		Burke, VA 2	22015				INSURE					
							INSURE	RE:				
_							INSURE	R F :		DE1//0101111111111111		
_		AGES				E NUMBER:	VE DEE	N IOOUED TO	- THE INCHES	REVISION NUMBER:	<u></u>	NI ION PEDIOD
						RANCE LISTED BELOW HAY NT, TERM OR CONDITION						
C	ERTI	FICATE MAY BE IS	SUED OR MAY	PER <sup>-</sup>	ΓAIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO	O ALL	THE TERMS,
		JSIONS AND CONDI	TIONS OF SUCH			LIMITS SHOWN MAY HAVE	BEEN F					
INSR LTR		TYPE OF INSUR	ANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GEN	NERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GENER	AL LIABILITY			3602AH239823		05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MADE	X OCCUR							MED EXP (Any one person)	\$	5,000
	Х	Incl Participants								PERSONAL & ADV INJURY	\$	1,000,000
										GENERAL AGGREGATE	\$	3,000,000
	GEN	N'L AGGREGATE LIMIT A	APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	1,000,000
		POLICY PRO-	LOC								\$	
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED	SCHEDULED							BODILY INJURY (Per accident)	\$	
		AUTOS	AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
		HIRED AUTOS	AUTOS							(Per accident)	\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE			4602AH022005		05/19/12	05/19/13	AGGREGATE	\$	
				1		10027111022000		00/10/12	00,10,10	AGGREGATE	\$	
	wor	DED   RETENTION RKERS COMPENSATION								WC STATU- OTH-	, <b>p</b>	
	AND	DEMPLOYERS' LIABILITY PROPRIETOR/PARTNE	Y Y/N									
	OFF	ICER/MEMBER EXCLUD	ED?	N/A						E.L. EACH ACCIDENT	\$	
	If ve	ndatory in NH) es, describe under								E.L. DISEASE - EA EMPLOYEE		
_		SCRIPTION OF OPERAT	IONS below			4102AH239822		05/19/12	05/19/13	E.L. DISEASE - POLICY LIMIT	\$	100 000
Α		ident Insurance				4102AH239022		05/19/12	05/19/13	Med Max:		100,000
	ruii	Excess								Ded:		\$250/Claim
									l			
						ACORD 101, Additional Remarks S an additional insu				v		
po]	Licy	. Coverage i	s provided	und	er t	this policy only for	or sp	onsored/				
act	ivi	ties of the	named insur	ed	for	which a premium h	as be	en paid.				
CE	RTIF	ICATE HOLDER					CANO	CELLATION				
						SEQUOIA						
										ESCRIBED POLICIES BE C		
		Sequoia Fa	rms Owners A	Assc	C.					EREOF, NOTICE WILL I CY PROVISIONS.	וט בכ	ELIVERED IN

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13998 Park East Circle chantilly, VA 20151

AUTHORIZED REPRESENTATIVE



**COLO-39** 

OP ID: BL

DATE (MM/DD/YYYY) 05/21/12

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PRODUCER Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000		800-526-1379 973-921-2876		FAX (A/C, No):	
Brenda Lo	dato Ext. 8051		ADDRESS: INSURER(S) AFFORDING COVER	AGE	NAIC#
			INSURER A: Markel Insurance Company	/	38970
INSURED	Colonial Swimming League		INSURER B:		
	C/O D Johnson 6116 Wilmington Drive		INSURER C:		
	Burke, VA 22015		INSURER D:		
			INSURER E:		
			INSURER F:		
COVEDA	CES CEDTIEICATI	E NIIMDED.	DEVISION	I NIIMDED.	

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5
	GEN	IERAL LIABILITY							EACH OCCURRENCE	\$ 1,000,000
Α	Х	COMMERCIAL GENERAL L	LIABILITY			3602AH239823	05/19/12	05/19/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE X	OCCUR						MED EXP (Any one person)	\$ 5,000
	Χ	Incl Participants	-						PERSONAL & ADV INJURY	\$ 1,000,000
									GENERAL AGGREGATE	\$ 3,000,000
	GEN	N'L AGGREGATE LIMIT APPL	LIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT	LOC							\$
	AUT	OMOBILE LIABILITY	'						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO							BODILY INJURY (Per person)	\$
			CHEDULED JTOS						BODILY INJURY (Per accident)	\$
		NO.	ON-OWNED JTOS						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE			4602AH022005	05/19/12	05/19/13	AGGREGATE	\$
		DED RETENTION \$								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE			N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	ident Insurance				4102AH239822	05/19/12	05/19/13	Med Max:	100,000
	Full	Excess							Ded:	\$250/Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Coverage is provided under this policy only for sponsored and supervised activities of the named insured for which a premium has been paid. Certificate Holder is named as an additional insured with respect to the named insureds activitied for which a premium has been paid.

CERTIFICATE HOLDER	CANCELLATION
SUGA030 Sugarland Run Homeowners Association	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
C/O R.C. Winterbottom 119 Hillsdale Drive Sterling, VA 20164	AUTHORIZED REPRESENTATIVE

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COLO-39

OP ID: BL

05/21/12

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С	ertificate holder in lieu of such endors	eme	nt(s)	-						
PRO	DUCER			800-526-1379	CONTA NAME:	CT				
Boll	inger, Inc. JFK Parkway			973-921-2876	PHONE	- 5.4).		FAX (A/C No)	-	
ISho	rt Hills. NJ 07078-5000			010 021 2010	(A/C, No E-MAIL			(A/C, No)	-	
Bre	nda Lodato Ext. 8051				ADDRE		UDED(8) 4556D	DIVIO 001/5D 105		
							. ,	DING COVERAGE		NAIC #
	Colonial Swimming Load				INSURE	RA: Markel	insurance	Company		309/0
INSU	RED Colonial Swimming Leag	ue			INSURE	RB:				
	6116 Wilmington Drive	INSURE	ER C :							
	Burke, VA 22015				INSURE	ER D :				
					INSURE	ERE:				
					INSURE	RF:				
co	VERAGES CER	TIFIC	ATE	E NUMBER:				REVISION NUMBER:		
_	HIS IS TO CERTIFY THAT THE POLICIES	OF I	NSUF	RANCE LISTED BELOW HAY	VE BEE	N ISSUED TO			HE PO	LICY PERIOD
c	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH I	PERT	AIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT T		
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
	GENERAL LIABILITY	INOK	VVVD	T OLIO I NOMBLIX		(MINI/DD/1111)	(WINDERT TTT)	EACH OCCURRENCE	\$	1,000,000
A	X COMMERCIAL GENERAL LIABILITY			3602AH239823		05/19/12	05/19/13	DAMAGE TO RENTED	\$	100,000
^				00027111200020		00,10,12	00,10,10	PREMISES (Ea occurrence)		5,000
								MED EXP (Any one person)	\$	
	X Incl Participants							PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	1,000,000
	POLICY PRO- JECT LOC								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident	\$	
	NON-OWNED							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUP							EAGU GOOLIDDENGE	1	
	- OCCUR			4602AH022005		05/19/12	05/19/13	EACH OCCURRENCE	\$	
	EXCESS LIAB   CLAIMS-MADE			4002AH022003		03/19/12	03/19/13	AGGREGATE	\$	
	DED RETENTION \$							WC STATU- OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYE	<b>=</b> \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance			4102AH239822		05/19/12	05/19/13	Med Max:		100,000
	Full Excess							Ded:		\$250/Claim
The	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLE CERTIFICATE holder is namedicy. Coverage is provided to civities of the named insur-	ed a	as a	an additional insu	red u	inder the	liabilit	y d		

CERTIFICA	TE HOLDER	

**TWNHERN** 

Town of Herndon Department of Parks & Recreation 814 Ferndale Avenue Herndon, VA 21070 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

CANCELLATION

STATE

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