

56 321 46 PZ

GOVERNORS SQUARE CONDOMINIUMS
DBA C/O WELCH RANDALL PROPERTY
5300 ADAMS AVE PKWY #8
OGDEN, UT 84405-6955

PLEASE KEEP THIS FOR YOUR RECORDS

We are pleased to serve your business insurance needs. Our company is committed to providing you high quality insurance protection and superior service.

If you should have any questions about your insurance portfolio or if you wish to make a change to your policy, please contact your agent.

IMPORTANT INFORMATION ABOUT YOUR POLICY

Please spend a few minutes to read and understand your policy. Some items to which you should pay special attention are as follows:

- **Special Required State Notices.** These notices, when included, point out specific items concerning your policy. We urge you to read them.
- **Declarations Page.** This shows such information as your name, address, the coverages provided, the policy term, policy limits, list of coverage forms, premium amounts, and other individualized information.
- **Coverage and Endorsement Forms.** This is the section of your policy which provides policy and coverage information. Please read it carefully.

POLICY NUMBER
ACP 30-8-6533951

BILLING ACCOUNT NUMBER
886580643

Your Commercial Insurance Portfolio

Courtesy of :

AGENCY - UT- 07320

THE BUCKNER COMPANY
6550 SOUTH MILLROCK DR #300
SALT LAKE CITY UT 84121

AGENCY PHONE # 801-937-6700

★★★★★★

IMPORTANT INSURANCE INFORMATION

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Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

CONSUMER REPORT INQUIRY NOTICE

Consumer reports, including credit history may have been ordered from a consumer reporting agency to underwrite and/or rate your insurance policy. You have the right to access this information and request correction of any inaccuracies. Your consumer reports, including your credit history are not affected in any way by our inquiry.

We are committed to respecting your privacy and safeguarding your personal information.

ALLIED COM-PAK SUMMARY

PRINTED 01/04/2022

1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-2000

Number:	ACP 3086533951	Effective from	03/01/2022	to	03/01/2023
Named Insured:	GOVERNORS SQUARE CONDOMINIUMS				
	DBA C/O WELCH RANDALL PROPERTY MANAGEMENT				
Mailing Address:	5300 ADAMS AVE PKWY #8				
	OGDEN, UT 84405-6955				
Agency Name:	THE BUCKNER COMPANY	43	07320-020	46	
Agency Address:	SALT LAKE CITY UT 84121		(801)937-6700		
Producer:	TERRY H BUCKNER				

Division	Program	Total Premium
A	COMM'L GENERAL LIABILITY (DEPOSITORS)	\$ 1,088.00
B	COMMERCIAL PROPERTY (DEPOSITORS)	\$ 6,238.00

Not a bill. Your bill is sent separately.
AI

Estimated Total Premium: \$ 7,326.00

This Com-Pak is a portfolio of individual policies which serves to combine various insurance coverages written under a group of separate contracts of insurance.

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INSURED COPY

ACP 3086533951

46 0008241

**NOTICE OF TERRORISM INSURANCE COVERAGE
NOTICE – DISCLOSURE OF PREMIUM**

(This disclosure notice does not provide coverage, and it does not replace any provisions of your policy. You should read your policy for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.)

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0, and does not include any charges for that portion of losses covered by the United States Government under the Act.

COMM'L GENERAL LIABILITY (DEPOSITORS)

46 0008243

ACP 30-8-6533951

INSURED COPY

MACH N

**DEPOSITORS INSURANCE COMPANY
1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-2000**

Named Insured: **GOVERNORS SQUARE CONDOMINIUMS**

Address: **5300 ADAMS AVE PKWY #8
OGDEN UT 84405-6955**

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IMPORTANT INSURANCE INFORMATION

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IMPORTANT NOTICE FOR RENEWAL POLICIES

In an effort to keep your insurance premium as low as possible, we have streamlined your renewal policy. We have not included printed copies of policy forms and endorsements that have not changed from your expiring policy unless they include variable information that is unique to you. Please refer to your prior policies for printed copies of these forms. If you desire copies, they are available upon request from your agent.

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IMPORTANT INSURANCE INFORMATION

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DATA BREACH & IDENTITY RECOVERY SERVICES**Data Breach Services Information:**

Through a partnership with Hartford Steam Boiler, you have access to a data breach risk management portal called the eRiskHub®. The portal is designed to help you understand data information exposures, help you plan and be prepared for a data breach, and establish a response plan to manage the costs and minimize the effects of a data breach.

Key features of the portal include:

- Incident Response Plan Roadmap – suggested steps your business can take following data breach incident. Having an incident response plan prepared in advance of a breach can be useful for defense of potential litigation.
- Online Training Modules – ready-to-use training for your business on privacy best practices and Red Flag Rules.
- Risk Management Tools- assist your business in managing data breach exposures including self-assessments and state breach notification laws.
- eRisk Resources – a directory to quickly find external resources on pre and post-breach disciplines.
- News Center – cyber risk stories, security and compliance blogs, security news, risk management events, and helpful industry links.
- Learning Center – best practices and white papers written by leading authorities.

To access the eRiskHub®portal:

- Enter <https://www.eriskhub.com/nationwide> in your browser.
- Complete the information, including your name and company. Your User ID and Password are case-sensitive.
- Enter your assigned access code: **12116-73**.
- Enter the challenge word on the screen, and click “Submit” and follow the instructions to complete your profile setup.
- You can now login to the portal.

You also have access to a help-line to answer breach related questions. Insureds having questions pertaining to how to prepare for a breach, help in identifying a breach, or other questions pertaining to breach related best practices can call our breach preparedness help-line. Experienced professionals are able to provide insights to help insureds understand the complicated environment pertaining to breaches of personal information. The breach preparedness help-line is 877-800-5028.

In addition, you have the ability to purchase Data Compromise Insurance coverage and CyberOne Insurance coverage.

The Data Compromise coverage covers the costs incurred by an insured to respond to a data breach, including expenses related to forensic information technology review, legal review, notification to affected individuals, services to affected individuals, public relations services. Insureds will also have the ability to include Data Compromise Defense and Liability coverage which covers the liability from a suit brought by an individual affected by the data breach.

CyberOne coverage protects businesses against damage to electronic data and computer systems from a virus or other computer attack. It also protects a business's liability to third parties that may have suffered damage due to security weaknesses in the business's computer system.

Identity Recovery Services Information:

Through a partnership Hartford Steam Boiler, you will have access to a Toll-Free Identity Recovery Help Line designed to provide education about identity theft and identity theft risks. The toll-free Help Line is staffed by experienced identity theft counsellors who can answer questions and provide useful information and resources to identity theft victims. The Identity Recovery Help Line number is 877-800-5028.

In addition, you have the ability to buy Identity Recovery insurance coverage as an included element of Data Compromise coverage or separately, on its own. The Identity Recovery coverage insures against the theft of identities of the insured's key owners, officers, and resident family members. The coverage provides the services of an identity theft case manager and pays for various out-of-pocket expenses due to a covered identity theft, including:

- Legal fees for answer of civil judgments and defense of criminal charges
- Phone, postage, shipping fees
- Notary and filing fees
- Credit bureau reports
- Lost Wages and Child or Elder Care
- Mental Health Counseling costs (Not Available in NY)
- Miscellaneous Expense coverage

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IMPORTANT INSURANCE INFORMATION

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Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

CLAIMS REPORTING INFORMATION

Thank you for being a Nationwide® member. Your business is important to us.

Effective November 1, 2018: For any **General Liability, Professional Liability, and Abuse or Molestation** claim, please report your claim to the Specialty Care Services (SCS) Casualty Claims Team's telephone number below:

1-877-680-0057

We request that you report your General Liability, Professional Liability, and Abuse or Molestation claims to the above number so your claims are reported directly to the SCS casualty claims team that handles specialized claims. Immediate claims reporting is important, especially with these types of complex claims. All members of this Nationwide claims team have law degrees with most having prior experience in the medical, senior living, non-profit and human services fields. They can "speak your language" and know how to manage your claims in the toughest jurisdictions across the United States. This is a dedicated team of claims professionals who understand the industry trends arising in the market place and are prepared to provide you with quality claims service.

With this change in claims reporting, you will receive the same responsive claims service that you expect from all of our Nationwide claims adjusters.

This change only affects General Liability, Professional Liability, and Abuse or Molestation claims. **All other types of claims should continue to be reported via normal reporting methods by phone 1-800-421-3535, fax 1-800-554-2899 or email at enewloss@nationwide.com.**

Please direct any questions to your agent. We appreciate your business and look forward to serving your insurance needs in the future.

DEPOSITORS INSURANCE COMPANY
1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-2000

07320
RENEWAL

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Policy Number: **ACP GLDO 3086533951**

Named Insured: **GOVERNORS SQUARE CONDOMINIUMS**

Address: **5300 ADAMS AVE PKWY #8
OGDEN UT 84405-6955**

Agent: **THE BUCKNER COMPANY** **43-07320-020**
Address: **SALT LAKE CITY UT 84121** PRODUCER: **TERRY H BUCKNER**

Policy Period: From **03/01/22** to **03/01/23** 12:01 A.M. standard time at the address of the named insured as stated herein.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (other than products-completed operations)	\$	2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$	2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	\$	1,000,000
EACH OCCURRENCE LIMIT	\$	1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (any one premises)	\$	100,000
MEDICAL EXPENSE LIMIT (any one person)	\$	5,000

Retroactive Date (CG0002 only)

The Named Insured is: **ASSOCIATION**

Business of the Named Insured is: **CONDO ASSOCIATION**

Audit Period:

ENDORSEMENTS ATTACHED TO THIS POLICY

SEE COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS SCHEDULE

TOTAL ADVANCE PREMIUM \$ **1,088.00**

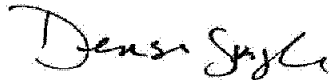
Replacement or
Renewal Number **ACP GLDO3076533951**

Countersigned By _____
Authorized Representative

GL-D (10-98)

DEPOSITORS INSURANCE COMPANY

IN WITNESS WHEREOF the Company has caused this policy to be signed by its president and secretary and countersigned on the declarations page by a duly authorized representative of the company.



SECRETARY



PRESIDENT

DEPOSITORS INSURANCE COMPANY
1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-2000

COMMERCIAL GENERAL LIABILITY SCHEDULE

Policy Number: **ACP GLDO 3086533951**

Item No., Location and Description of Hazards	Code No.	Premium Basis	Rates		Advance Premium	
			OTHER	PR/CO	OTHER	PR/CO
001A UT-001 PARKING - PRIVATE PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT 424A N CENTER ST SALT LAKE CITY UT841031717	46622	AREA 3,600	16.984	PER THOUSAND SQ. FT.	\$61	
002A UT-001 CONDOMINIUMS - RESI- DENTIAL - (ASSOCIAT- ION RISK ONLY) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT CG2004 424 N CENTER ST SALT LAKE CITY UT841031745	62003	UNITS 36	24.830	PER UNIT	\$894	
003B UT-101 CG7003	6601000				\$98	
004B UT-001 CG2011	49950				\$35	

Total Advance Other and PR/CO **\$1,088**

TOTAL ADVANCE PREMIUM **\$1,088**

NOTE: For classes based on payroll each Executive Officer, Sole Proprietor or Partner may be subject to a fixed amount.

GL-DS (12-93)

DEPOSITORS INSURANCE COMPANY
1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-2000

COMMERCIAL GENERAL LIABILITY SCHEDULE OF INSUREDS

POLICY Number: **ACP GLDO3086533951** POLICY Period: From **03-01-22** To **03-01-23**

Named Insured: **GOVERNORS SQUARE CONDOMINIUMS**

Insured Names

001 GOVERNORS SQUARE CONDOMINIUMS

DEPOSITORS INSURANCE COMPANY
1100 LOCUST ST DEPT 11
DES MOINES, IA 50391-2000

COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS

Number: **ACP GLDO 3086533951**

Period: From **03/01/22** To **03/01/23**

Named Insured: **GOVERNORS SQUARE CONDOMINIUMS**

Form	Date	Title
CG0001	0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0186	1204	UTAH CHANGES
CG2004	1185	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
CG2011	0413	ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
CG2106	0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION
CG2144	0798	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
CG2147	1207	EMPLOYMENT - RELATED PRACTICES EXCLUSION
CG2167	1204	FUNGI OR BACTERIA EXCLUSION
CG2170	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2187	0115	CONDITIONAL EXCLUSION OF TERRORISM (RELATING TO DISPOSITION OF FEDERAL TERRORIS
CG7003	1212	HIRED AUTO AND NON-OWNED AUTO LIABILITY
CG7023	1096	EXCL-ASBESTOS, ELECTRO-MAGNETIC RADIATION, LEAD AND RADON
CG7033	0393	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US
IL0017	1198	COMMON POLICY CONDITIONS
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION
IL0266	0908	UTAH CHANGES - CANCELLATION AND NONRENEWAL

IMPORTANT NOTICES

IN5017	0593	IMPORTANT NOTICE FOR RENEWAL POLICIES
IN7809	1115	DATA BREACH & IDENTITY RECOVERY SERVICES
IN7890	1118	CLAIMS REPORTING INFORMATION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designation Of Premises (Part Leased To You): 424 N CENTER ST SALT LAKE CITY, UT 84103
Name Of Person(s) Or Organization(s) (Additional Insured): WELCH RANDALL 5300 SOUTH ADAMS AVE PARKWAY #8 OGDEN, UT 84405
Additional Premium: \$ \$35.00
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All terms and conditions apply unless modified by this endorsement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR
PROJECT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Premises:

ALL LOCATIONS SPECIFICALLY SCHEDULED ON THE POLICY

Project:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

This insurance applies only to "bodily injury," "property damage," "personal and advertising injury" and medical expenses arising out of:

1. The ownership, maintenance or use of the premises shown in the Schedule and operations necessary or incidental to those premises; or
2. The project shown in the Schedule.

Copyright, Insurance Services Office, Inc., 1997

COMMERCIAL PROPERTY (DEPOSITORS)

Named Insured: **GOVERNORS SQUARE CONDOMINIUMS**

Address: **5300 ADAMS AVE PKWY STE 8**
OGDEN UT 84405-6955

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IMPORTANT INSURANCE INFORMATION

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IMPORTANT NOTICE FOR RENEWAL POLICIES

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IMPORTANT FLOOD INSURANCE NOTICE

Thank you for the opportunity to provide your important insurance protection. As your insurance provider, we like to keep you informed of important issues that can potentially impact your property assets. This letter is to remind you of the importance of considering flood insurance and the importance of reviewing your policies on a regular basis.

Your Commercial Property (Premier Businessowners, and/or Commercial Property) and Farmowners' policy does not cover damage from floods to any property resulting directly or indirectly from "water." Excluded "water" losses include, but are not limited to those caused by flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not. These types of loss or damage caused by "Water" are excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss. You will need to read your policy for all of the details about excluded water losses. This is just a summary of the excluded water losses to highlight some important flood-related issues.

In most communities, you can obtain flood insurance through your agent that is backed by the federal government's National Flood Insurance Program. In those qualifying communities, you can obtain flood insurance protection for your property regardless of your flood zone or flood risk.

Your agent can assist you in 1) determining if your community participates in the National Flood Insurance Program, 2) assessing your flood risk, and 3) understanding flood policy availability. To learn more about flood insurance and your risk of flooding access the National Flood Insurance Program's consumer website at www.FloodSmart.gov.

As you consider the risk of flooding in your area and consider your options for obtaining valuable protection, consider that:

- All property is in a flood zone, regardless of whether an area has been defined as high risk or low risk.
- Nearly 25% of all flood claims are for properties located in lower-risk flood areas or locations where flooding is not expected.
- Floods can happen anywhere, at any time, causing anguish, destruction, and financial damage.
- Changing weather patterns, as well as residential and business development, may increase your chance of experiencing a flood.
- Flooding can occur as a result of clogged, overloaded, or inadequate storm drains. You don't have to live near a body of water to be flooded.
- Federal disaster assistance is often a loan and must be repaid with interest.
- Your commercial property and/or farmowner policies exclude loss by flooding.

Ask your agent about obtaining flood insurance for commercial property today. Thank you for choosing us to meet your insurance needs. We value your business.

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IMPORTANT INSURANCE INFORMATION

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DATA BREACH & IDENTITY RECOVERY SERVICES

Data Breach Services Information:

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Key features of the portal include:

- Incident Response Plan Roadmap – suggested steps your business can take following data breach incident. Having an incident response plan prepared in advance of a breach can be useful for defense of potential litigation.
- Online Training Modules – ready-to-use training for your business on privacy best practices and Red Flag Rules.
- Risk Management Tools- assist your business in managing data breach exposures including self-assessments and state breach notification laws.
- eRisk Resources – a directory to quickly find external resources on pre and post-breach disciplines.
- News Center – cyber risk stories, security and compliance blogs, security news, risk management events, and helpful industry links.
- Learning Center – best practices and white papers written by leading authorities.

To access the eRiskHub®portal:

- Enter <https://www.eriskhub.com/nationwide> in your browser.
- Complete the information, including your name and company. Your User ID and Password are case-sensitive.
- Enter your assigned access code: **12116-73**.
- Enter the challenge word on the screen, and click “Submit” and follow the instructions to complete your profile setup.
- You can now login to the portal.

You also have access to a help-line to answer breach related questions. Insureds having questions pertaining to how to prepare for a breach, help in identifying a breach, or other questions pertaining to breach related best practices can call our breach preparedness help-line. Experienced professionals are able to provide insights to help insureds understand the complicated environment pertaining to breaches of personal information. The breach preparedness help-line is 877-800-5028.

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- Legal fees for answer of civil judgments and defense of criminal charges
- Phone, postage, shipping fees
- Notary and filing fees
- Credit bureau reports
- Lost Wages and Child or Elder Care
- Mental Health Counseling costs (Not Available in NY)
- Miscellaneous Expense coverage

COMMERCIAL PROPERTY STATEMENT OF VALUESCoinsurance Percentage Applicable is ☒ 90% ☐ 100%Policy Number: **ACP CPPD 3086533951** Period: Policy From **03/01/22** to **03/01/23**

Named Insured: GOVERNORS SQUARE CONDOMINIUMS

Agent: THE BUCKNER COMPANY

Address: SALT LAKE CITY UT

84121

Blanket buildings

The values shown on this Statement of Values reflect the values you have requested or agreed to for each individual item that was included in the Blanket Limit of Insurance shown in the Declarations of your policy.

By your acceptance of this policy in the payment of the premium due, you are acknowledging that the values shown below are correct to the best of your knowledge and belief.

Loc.	Bldg.	Item	Description/Coverage Type	Value	Valuation of Property
1	1	1	BUILDING	\$ 5,165,800	ACV
		2	PERSONAL PROPERTY	\$ 25,500	ACV
	2	1	BUILDING	\$ 101,300	ACV

DECLARATIONS

Policy Number:	ACP CPPD 3086533951	COMMERCIAL PROPERTY
Named Insured:	GOVERNORS SQUARE CONDOMINIUMS	
Mailing Address:	5300 ADAMS AVE PKWY STE 8 OGDEN UT 84405-6955	
Agent:	THE BUCKNER COMPANY	43-07320
Address:	SALT LAKE CITY UT 84121	
Producer:	TERRY H BUCKNER	
Policy Period:	This policy is effective from 03/01/22 to 03/01/23 12:01 A.M. Standard time at the above mailing address.	

This policy is subject to the following forms. Forms specific to a certain building or item can be found with the specific building and item information on the following pages.

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP0090	0788	0	CP0140	0706	0	CP1270	0996	0
IL0017	1198	0	IL0935	0702	0	CP7133	0416	0
IN7809	1115	0	CP0017	1012	0	CP9903	1219	0
LI0995	0107	0	IN5017	0593	0	CP7117	0917	0
CP7118	0917	0	IN8028	0220	0	IL0985	0115	0

Mortgagee and loss payee information - See schedules CP-DM and CP-DL

Replacement or
Renewal Number ACP CPPD 3076533951

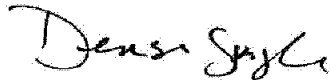
Countersigned _____ By _____
Date Authorized Representative

Premium for Certified Acts of Terrorism	\$	0.00
Total Annual Premium	\$	6,238.00
Total Policy Premium	\$	6,238.00

CP-D (10-98)

DEPOSITORS INSURANCE COMPANY

IN WITNESS WHEREOF the Company has caused this policy to be signed by its president and secretary and countersigned on the declarations page by a duly authorized representative of the company.



SECRETARY



PRESIDENT

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: **ACP CPPD 3086533951**

Policy Period: From **03/01/22** To **03/01/23**

Named Insured: GOVERNORS SQUARE CONDOMINIUMS

Loc.	Bld.	Item	Address/Description	Limit	Premium
			TOTAL POLICY PREMIUM		\$ 6,238.00
			THIS IS A BLANKET POLICY BUILDING COVERAGE IS BLANKETED	\$ 5,267,100	
			POLICY WIDE OPTIONAL COVERAGES		
			PROTECTION PLUS		\$ 562.00
			EQUIPMENT BREAKDOWN		\$ 570.00
1			424 N CENTER ST SALT LAKE CITY UT Protection Class: 01		
	1		CONDOMINIUMS - RESIDENTIAL		
		1	BUILDING	INCLUDED	
		2	PERSONAL PROPERTY	\$ 25,500	
			GROUP 1		\$ 27.00
			GROUP 2		\$ 6.00
			SPECIAL - CAUSE OF LOSS		\$ 69.00
	2		PARKING GARAGE		
		1	BUILDING	INCLUDED	

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3086533951**Policy Period: From **03/01/22** To **03/01/23**

Named Insured: GOVERNORS SQUARE CONDOMINIUMS

Policy Wide Declaration Coverage**Protection Plus Coverage-PLATINUM Premium \$ 562.00******** Premise No 01 **** Total Premium \$ 5,106.00****Address: 424 N CENTER ST
City: SALT LAKE CITY****State: UT****Zip Code: 84103-1745****Description: APARTMENT**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP0127	1012	0	CP7104	0707	0	IL0266	0721	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 5,010.00****Occupancy Group - APART & CONDOS
Description: CONDOMINIUMS - RESIDENTIAL
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
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Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	90%	10000	4,908.00

Description:BLDG**Optional Coverages:****Actual Cash Value****Agreed Value****Expiration Date: 03/01/23**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3086533951** Policy Period: From **03/01/22** To **03/01/23**

Named Insured: GOVERNORS SQUARE CONDOMINIUMS

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 25,500	SPECIAL	90%	10000	102.00
Description:BPP						
Optional Coverages:						
Actual Cash Value						
Agreed Value						
Expiration Date: 03/01/23 Amount 25,500						
<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>
CP1030	1012	0				

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3086533951**Policy Period: From **03/01/22** To **03/01/23**

Named Insured: GOVERNORS SQUARE CONDOMINIUMS

**** Building No 02 ** Total Premium \$ 96.00****Occupancy Group - APART & CONDOS****Description: PARKING GARAGE****Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
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Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	90%	10000	96.00

Description: PARKING GARAGE**Optional Coverages:****Actual Cash Value****Agreed Value Expiration Date: 03/01/23**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY**COMMERCIAL PROPERTY FORMS AND ENDORSEMENTS**Policy Number: **ACP CPPD 3086533951**Policy Period: From **03/01/22** To **03/01/23**Named Insured: **GOVERNORS SQUARE CONDOMINIUMS**

Form	Date	Title
CP0017	1012	CONDOMINIUM ASSOCIATION COVERAGE FORM
CP0090	0788	COMMERCIAL PROPERTY CONDITIONS
CP0127	1012	UTAH CHANGES
CP0140	0706	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP1030	1012	CAUSES OF LOSS - SPECIAL FORM
CP1270	0996	JOINT OR DISPUTED LOSS AGREEMENT
CP7104	0707	AMENDATORY ENDORSEMENT
CP7117	0917	EQUIPMENT BREAKDOWN COVERAGE
CP7118	0917	EQUIPMENT BREAKDOWN COVERAGE SCHEDULE
CP7133	0416	COMMERCIAL PROPERTY PLATINUM PROTECTION PLUS ENDORSEMENT
CP9903	1219	CANNABIS EXCLUSION ENDORSEMENT
IL0017	1198	COMMON POLICY CONDITIONS
IL0266	0721	UTAH CHANGES - CANCELLATION AND NONRENEWAL
IL0935	0702	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL0952	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL0985	0115	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
IN5017	0593	IMPORTANT NOTICE FOR RENEWAL POLICIES
IN7404	0107	IMPORTANT FLOOD INSURANCE NOTICE
IN7809	1115	DATA BREACH & IDENTITY RECOVERY SERVICES
IN8028	0220	NOTICE TO POLICYHOLDERS CANNABIS EXCLUSIONS
LI0995	0107	CONDITIONAL EXCLUSION OF TERRORISM

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EQUIPMENT BREAKDOWN COVERAGE SCHEDULE

This schedule provides supplementary information to be used with the following:

EQUIPMENT BREAKDOWN COVERAGE (including Electronic Circuitry Impairment)

LIMITS

Equipment Breakdown Coverage is subject to the Limits of Insurance shown in the Declarations, unless otherwise shown below.

COVERAGES	LIMITS
Equipment Breakdown Limit	\$
Business Income	\$
Extra Expense	\$
Off Premises Equipment Breakdown	\$
Services Interruption	\$

SUBLIMITS

The following coverages are subject to the limits of Insurance shown in the Equipment Breakdown Coverage, unless otherwise shown below.

COVERAGES	SUBLIMITS
Data Restoration	\$
Expediting Expenses	\$
"Fungus", Wet Rot, Dry Rot and Bacteria	\$
Hazardous Substances	\$
Spoilage	\$
@ _____ % Coinsurance	

DEDUCTIBLES

Combined, All Coverages	\$
Direct Coverages	\$
Indirect Coverages	\$
	or _____ hrs.
	or _____ times ADV
Spoilage	\$
	or _____ % of loss, \$ _____ minimum

LOCATIONS NOT APPLICABLE

Equipment Breakdown Coverage applies to all locations covered on the policy, unless otherwise shown below.

Location No. **Building No.** **Address/Description**

OTHER CONDITIONS

All terms and conditions of this policy apply unless modified by this endorsement.

CP 71 18 09 17

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Page 1 of 1

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UTAH CHANGES – CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
 COMMERCIAL AUTOMOBILE COVERAGE PART
 COMMERCIAL GENERAL LIABILITY COVERAGE PART
 COMMERCIAL INLAND MARINE COVERAGE PART
 COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
 COMMERCIAL PROPERTY COVERAGE PART
 CRIME AND FIDELITY COVERAGE PART
 EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART
 EQUIPMENT BREAKDOWN COVERAGE PART
 FARM COVERAGE PART
 FARM UMBRELLA LIABILITY POLICY
 LIQUOR LIABILITY COVERAGE PART
 MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
 POLLUTION LIABILITY COVERAGE PART
 PRODUCTS/COMPLETED OPERATIONS COVERAGE PART

A. Paragraph **A.2.** of the **Cancellation** Common Policy Condition is replaced by the following:

2. We may cancel this policy:

a. By mailing or delivering written notice of cancellation to:

- (1)** The first Named Insured;
- (2)** Each assignee of the first Named Insured, if the assignee is named in the policy; and
- (3)** Each loss payee or mortgagee or lienholder under property insurance of the first Named Insured, if the loss payee, mortgagee, or lienholder is named in the policy;

at least 10 days before the effective date of cancellation if we cancel for nonpayment of premium. Notice of cancellation for nonpayment of premium will be mailed or delivered to an agent of record of the first Named Insured on or before the day notice is provided to the first Named Insured; or

b. By mailing or delivering to the first Named Insured written notice of cancellation at least 30 days before the effective date of cancellation if we cancel for any other reason.

B. The following is added to the **Cancellation** Common Policy Condition:

7. If this policy has been in effect for 60 days or more, or if this is a renewal of a policy we issued, we may cancel this policy only for one or more of the following reasons:

- a.** Nonpayment of premium;
- b.** Material misrepresentation;
- c.** Substantial change in the risk assumed unless we should reasonably have foreseen the change or contemplated the risk when entering the contract; or
- d.** Substantial breaches of contractual duties, conditions or warranties.

If we cancel for nonpayment of premium, notice of cancellation must state the reason for cancellation.

8. With respect to the Commercial Automobile Coverage Part, the following applies in addition to the provisions of Paragraph 7. above:

We may cancel this policy if your driver's license, or the driver's license of a person who customarily drives a "covered auto", is suspended or revoked.

9. Notice of cancellation must be delivered or mailed by first-class mail.
- C. The following is added and supersedes any provisions to the contrary:

NONRENEWAL

1. If we elect to not renew this policy, we will mail, by first-class mail, written notice of nonrenewal to the first Named Insured, at the last mailing address known to us, at least 30 days before the expiration or anniversary date of this policy.
2. We need not mail this notice if:
 - a. You have accepted replacement coverage;
 - b. You have requested or agreed to nonrenewal; or
 - c. This policy is expressly designated as nonrenewable.
3. If notice is mailed, proof of mailing is sufficient proof of notice.