

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 04/25/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to				licy, certain policies may require an endorsement. A statement on n endorsement(s).						
PRODUCER						CONTACT Laura Perez					
Goldenwest Insurance Services					FAV					175-9575	
PO Box 268					E-MAIL   perez@gwcu.org						
						INSURER(S) AFFORDING COVERAGE					
Ogden UT 84402-0268						INSURER A: Nationwide/Allied Insurance Company					
INSURED					INSURER B:						
Nayon Heights					INSURER C:						
1061 -1088 Nayon Drive					INSURER D:						
					INSURER E :						
Layton				UT 84040	INSURER F:						
CO	/ERAGES CER	TIFIC	ATE I	NUMBER: CL234250719	9 REVISION NUMBER:						
IN C E	IIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA (CLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TH	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	R DOCUMENT NO DI HEREIN IS SI LAIMS.	WITH RESPECT TO WHICH TH			
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE COCCUR							DAMAGE TO RENTED	\$ 2,00 \$ 300,	0,000	
	CEAIWIO-IWADE F GOODIN			1				T TEMPOLO (La occarrence)	\$ 5,00	0	
Α				ACP BP013039685770		04/23/2023	04/23/2024	, , , , , , , ,	<u> </u>	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								-	0,000	
	PRO- POLICY PRO- JECT LOC								•	0,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	ACTOC CINET								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE								\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A							\$		
	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	\$		
	Building Coverage							Blanket Limit:	\$9,6	60,400	
Α	Crime/Fidelity			ACP BP013039685770		04/23/2023	04/23/2024	Deductible:	\$10,	000	
								Crime/Fidelity:	\$100	0,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI  Replacement Cost, Blanket Policy. Wall In										
CERTIFICATE HOLDER						CANCELLATION					
FOR INSURANCE VERIFICATION						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					
						BRAGEN GRANG					