



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/01/2023

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Reliance Risk Management & Insurance PO BOX 900458 Sandy UT 84090		CONTACT NAME: Tricia Noker PHONE (A/C, No, Ext): (801) 438-1462 E-MAIL ADDRESS: tricia@reliancermi.com FAX (A/C, No): (801) 438-1461	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: TOPA Insurance Company	NAIC # 18031
		INSURER B: Greenwich Insurance Company	22322
		INSURER C: Continental Casualty Co, A CNA Ins Co	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Stoney Brook Condominium Association C/O Welch Randall 5300 So Adams Ave Pkwy Ste 8 Ogden UT 84405			

COVERAGES**CERTIFICATE NUMBER:** CL234432255**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			UIB13185016	03/22/2023	03/22/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input checked="" type="checkbox"/> Building Limit: \$9,649,893						MED EXP (Any one person)	\$ 1,000
	<input checked="" type="checkbox"/> Property Deductible: \$25,000						PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000
OTHER:								\$
A	AUTOMOBILE LIABILITY			UIB13185016	03/22/2023	03/22/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			PPP7465047	03/22/2023	03/22/2024	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							\$
DED <input checked="" type="checkbox"/> RETENTION \$ 0								\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A							E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	Crime/Fidelity			0598997464	03/22/2023	03/22/2024	Crime Limit	\$100,000

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

Walls in coverage, betterments & improvements, separation of insured's, %100 Replacement Cost applies, subject to insurance terms and policy language requirements. Ord Law is included. # of units: 48

*10 DAYS NOTICE OF CANCELLATION WILL BE GIVEN FOR NON-PAYMENT OF PREMIUM. 30 DAYS FOR ANYTHING OTHER THAN NON-PAYMENT.

CERTIFICATE HOLDER**CANCELLATION**

Insured Copy

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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ADDITIONAL REMARKS SCHEDULE

AGENCY Reliance Risk Management & Insurance		NAMED INSURED Stoney Brook Condominium Association	
POLICY NUMBER _____		EFFECTIVE DATE: _____	
CARRIER _____	NAIC CODE _____		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

CNA: Property Manager is included as a covered employee per the D&O policy:
 Employee means:
 a. Any natural person while in Named Entity's or any Subsidiary's service (and for 30 days after termination of service), if Named Entity or any Subsidiary (i) compensates such natural person directly by salary, wages or commissions, and (ii) has the right to direct and control such natural person while performing services for the Named Entity or any Subsidiary ; or
 b. Any natural person performing services for Named Entity or any Subsidiary on a leased, loaned, volunteer, non-compensated, temporary or part-time basis, but only while and to the extent such persons are subject to Named Entity or any Subsidiary direction and control and performing services for Named Entity or any Subsidiary , including but not limited to Property Manager; or
 With respect to any Plan:
 (i) A natural person who is a trustee, officer, employee or a manager, except an administrator or a manager who is an independent contractor; and
 (ii) A natural person who is a director or trustee of the Named Entity or any Subsidiary, while handling funds or other property of the Plan.
 However, Employee does not mean any sponsor, developer, or developer of the Named Entity or any Subsidiary.
 Crime/Fidelity/Employee Dishonesty
 CNA: Property Manager is included as a covered employee/contractor/vendor.
DEFINITION OF AN EMPLOYEE:
 b. Any natural person performing services for Named Entity or any Subsidiary on a leased, loaned, volunteer, non-compensated, temporary or part-time basis, but only while and to the extent such persons are subject to Named Entity or any Subsidiary direction and control and performing services for Named Entity or any Subsidiary , including but not limited to Property Manager.