



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2021

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).

<b>PRODUCER</b> SentryWest Insurance P.O. Box 9289 Salt Lake City UT 84109  License#: 1549 THETERR-01		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 801-272-8468 <b>FAX (A/C, No):</b> 801-277-3511 <b>E-MAIL ADDRESS:</b> eoi@sentrywest.com
		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> Selective Insurance Company of <b>INSURER B :</b> Continental Casualty Company <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>
		<b>NAIC #</b> 12572 20443


**COVERAGES**      **CERTIFICATE NUMBER:** 1024216153      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Q04199900	11/13/2021	11/13/2022	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$	
A	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q04199900	11/13/2021	11/13/2022	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b>  <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> <b>Y/N</b> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Blanket Buildings			Q04199900	11/13/2021	11/13/2022	\$5,000 Ded	13,870,000
A	Fid.Bond/Emp/Dis			0107540443	11/13/2021	11/13/2024	\$1,000 Ded	100,000
B	Directors & Officers			618986229	11/13/2021	11/13/2022	\$1,000 Ded	1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 A. Earthquake Coverage - Selective Insurance - Policy #:Q04199900 - \$10,000,000 Limit/2% Deductible.  
 Important notice to Unit/Lot Owners:  
 Under Utah law (57-8-43 Condominium and 57-8a-405 Community Association Act), Regardless of fault, the expense related to the master policy deductible for any covered cause of loss is the unit owners' responsibility. Unit owners should consult with their personal advisors to ensure they have coverage to assist with this expense.  
  
 Association with Building Coverage:  
 Residential Association - 100% Replacement Cost  
 See Attached...

**CERTIFICATE HOLDER**      **CANCELLATION**

<p>***** For Information Only *****            *****            *****            *****</p>	<p>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>
	<p>AUTHORIZED REPRESENTATIVE  </p>

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY SentryWest Insurance		NAMED INSURED The Terraces at Holladay Condominium Association Inc. 5300 S. Adams Ave #8 Ogden UT 84405	
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

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 Inflation Guard Included or reviewed annually  
 Wind/Hail Coverage Included  
 Equipment Breakdown Included  
 Ordinance and Law Coverage: A - Included / B - \$500,000 and C- \$500,000 Limit.  
 Crime coverage extends to Property Managers  
 Severability of Interests/Separation of Insured  
 Policy is not pooled with any unaffiliated projects  
 30 Days Notice of Cancellation EXCEPT 10 Days for Non-Payment of Premium