

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 6/5/2023

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 If SUBROGATION IS WAIVED, subject this certificate does not confer rights t	to th	e ter	ms and conditions of th	e polic	y, certain po	olicies may i					
PRODUCER		COL		CONTAG		/					
SentryWest Insurance				CONTACT SentryWest - EOI PHONE 201 272 2511							
P.O. Áox 9289				PHONE (A/C, No, Ext): 801-272-8468 E-MAIL E-MAIL							
Salt Lake City UT 84109					ADDREss: eoi@sentrywest.com						
					INSURER(S) AFFORDING COVERAGE						
License#: 1549					INSURER A : Great American Insurance Compa						
INSURED DRAPLAN-01					INSURER B : TravelersCasualty&SuretyCo. of						
Draper Landing HOA 5300 S. Adams Ave Pkway #8					R c : Accelera	int National Ir	surance		10220		
Ogden UT 84405				INSURE	INSURER D : Federal Insurance Company						
5				INSURE	RE:		· ·				
				INSURE							
COVERAGES CER	TIFIC		NUMBER: 1084952941	MOORE	KT .		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	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP	LIMIT	s			
LTR         TYPE OF INSURANCE           C         X         COMMERCIAL GENERAL LIABILITY	INSD	wvD	N030PK1624-00		(MM/DD/YYYY) 6/1/2023	(MM/DD/YYYY) 6/1/2024	EACH OCCURRENCE	s \$ 1,000	000		
					0/1/2020	0/1/2024	DAMAGE TO RENTED	• •	,		
CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 300,0			
							MED EXP (Any one person)	\$ 5,000			
							PERSONAL & ADV INJURY	\$ 1,000	,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	,000		
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	,000		
OTHER:								\$			
C AUTOMOBILE LIABILITY			N030PK1624-00		6/1/2023	6/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
ANY AUTO							BODILY INJURY (Per person)	\$			
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
AUTOS ONLY AUTOS X HIRED ONLY X NON-OWNED							PROPERTY DAMAGE	\$			
AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
			074505075		0/4/0000	0/4/0004		-			
			G74585875		6/1/2023	6/1/2024	EACH OCCURRENCE	\$ 5,000,000			
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
DED X RETENTION \$ 0								\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	N/A						E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
C Blanket Buildings B Fidelity Bond/Employee Dishonesty A Directors & Officers Liability			N030PK1624-00 0106111750LB EPP3652952-09		6/1/2023 6/1/2023 6/1/2023	6/1/2024 6/1/2026 6/1/2024	\$25,000 Deductible \$2,500 Deductible \$1,000 Deductible	\$16,9 \$315, \$1,00			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)				
Important notice to Unit/Lot Owners: Under Utah law (57-8-43 Condominium and any covered cause of loss is the unit owner this expense.	d 57-8	a-40	5 Community Association	Act). Re	aardless of fa	ault. the expe	nse related to the master	policy c erage t	leductible for o assist with		
Association with Building Coverage: Unit Count: 72 - Residential Association - 1		Guara	anteed Building Replacem	ent Cos	t						
See Attached											
CERTIFICATE HOLDER				CANC	ELLATION						
***For Information Only Certificate*** *********************************					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
				O	amn						
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AGENCY CUSTOMER ID: DRAPLAN-01

		LOC #:							
ACORD <sup>®</sup> ADDITIONAL	LREMA	RKS SCHEDULE	Page 1	<b>of</b> _1					
AGENCY SentryWest Insurance		NAMED INSURED Draper Landing HOA 5300 S. Adams Ave Pkway #8							
POLICY NUMBER	Ogden UT 84405								
CARRIER	NAIC CODE	EFFECTIVE DATE:							
ADDITIONAL REMARKS									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,								
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE									
Inflation Guard Included or reviewed annually Wind/Hail Coverage Included Equipment Breakdown Included Ordinance and Law Coverage A Included, Coverages B&C Combin 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-Paymen 	t of Premium		ommon area anently part c	, including f or affixed					