

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/13/2023

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

	UBROGATION IS WAIVED, subject to s certificate does not confer rights to		terms	•	licy, ce	rtain policies		•	nt. A state	ement	on .	
PRODUCER						CONTACT Laura Perez						
Goldenwest Insurance Services					PHONE (A/C, No, Ext): FAX (A/C, No): (801) 475-9575						475-9575	
PO Box 268						E-MAIL   Increase @ guyou org						
1 0 30x 200						ADDRESS S						
Ogden UT 84402-0268						INSURER(S) AFFORDING COVERAGE  INSURER A: WCF Mutual Insurance Company					NAIC #	
INSURED						INSURER B:						
Village at Prominence Point Townhome Owners Association, Inc.						INSURER C :						
1800 N Washington Blvd					INSURER D:							
					INSURER E :							
No Ogden				UT 84414	INSURER F:							
COVERAGES CER			ATE	NUMBER: CL231013077	770 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	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT			
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTE		Ψ	0,000		
	CLAIMS-MADE OCCUR							PREMISES (Ea occu	irrence)	\$ 50,0		
l . L								MED EXP (Any one p	person)	\$ 10,0		
Α _	GEN'L AGGREGATE LIMIT APPLIES PER:			4051723		10/14/2023	10/14/2024	PERSONAL & ADV INJURY \$ 2,000				
l 17.								GENERAL AGGREGATE \$ 4,000				
<u> </u>	POLICY JECT LOC							PRODUCTS - COMP	P/OP AGG	\$ 4,00	0,000	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$		
H	ANY AUTO						(Ea accident)  BODILY INJURY (Pe	a accident)  DDILY INJURY (Per person) \$				
-	OWNED SCHEDULED	D SCHEDULED						BODILY INJURY (Per accident) \$				
-	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG		\$		
-	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	`E	\$		
İ	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	VORKERS COMPENSATION							PER STATUTE	OTH- ER			
1	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDEN	•	\$		
(								E.L. DISEASE - EA EMPLOYEE		\$		
I1	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
	Building Coverage							Blanket Limit:		\$41	443,000	
	Crime/Fidelity			4051723		10/14/2023	10/14/2024	Deductible		\$10	000	
								Crime/Fidelity		\$25	0,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  100% Replacement Cost. Blanket Policy. Walls in Coverage, Including Betterments & Improvements. 17 Buildings, 120 Units												
CERTIFICATE HOLDER						CANCELLATION						
For Insurance Verification Only						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										