

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/27/2023

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	CONTACT Laura Perez						
Goldenwest Insurance Services	PHONE (801) 476-5110 FAX (801) 475-0575						
PO Box 268	E-MAIL Ingrez@gwcu.org						
	ADDRESS: IPEREZ SYNCOLOGY  INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #	
Ogden	INSURER A: Nationwide/Allied Insurance Company					NAIC#	
INSURED	INSURER B:						
The Meadows Condominium Homeowners		INSURER C :					
		INSURER D :					
		INSURER E :					
	INSURER F:						
COVERAGES CERTIFICATE NU	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 EFF POLICY EXP						
LTR TYPE OF INSURANCE INSD WVD  COMMERCIAL GENERAL LIABILITY	POLICY NUMBER	(MM/DD/YYY	Y) (MM/DD/YYYY)	EACH OCCURRENC			0,000
CLAIMS-MADE OCCUR				DAMAGE TO RENTED		\$ 300,	
CLAIIVIS-IVIADE 2 OCCUR				MED EXP (Any one p		\$ 5,00	
A	ACP BP013220838740	10/27/2023	3 10/27/2024	PERSONAL & ADV INJURY		\$ 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:				• • • • • • • • • • • • • • • • • • • •		4.00	0,000
PRO- LOC						\$ 4,000,000	
OTHER:				TROBUGIO COM	70. 7.00	\$	
AUTOMOBILE LIABILITY				COMBINED SINGLE (Ea accident)	LIMIT	\$	
ANY AUTO				BODILY INJURY (Pe	r person)	\$	
OWNED SCHEDULED AUTOS ONLY AUTOS				BODILY INJURY (Per accident)		\$	
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY				PROPERTY DAMAGE (Per accident)		\$	
I Nove one				, , , , ,		\$	
UMBRELLA LIAB OCCUR				EACH OCCURRENC	E	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE \$		\$	
DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT \$		\$	
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE		\$	
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT		\$	
Building Coverage			Blanket Limit				782,600
A Crime/Fidelity ACP BP0132208387		10/27/202	3 10/27/2024	Deductible		\$10,	
				Crime/Fidelity		\$100	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. 4 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						
	Limette) Durant						