

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/05/2024

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 noticy/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) 475-9575					
PO Box 268				(A/C, No, Ext): (A/C, No): (A/C,					
				INSURER(S) AFFORDING COVERAGE NAIC #					
Ogden UT 84402-0268				INSURER A: WCF Mutual Insurance Company					
INSURED				INSURER B:					
Evans Cove at Antelope Village HOA				C:					
140 W Evans Cove Loop				INSURER D:					
Layton UT 84041				INSURER E:					
COVERAGES CERTIFICATE NUMBER: CL241508073			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 V	NVD POLICY NUMBER	(1	MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	ΓS		
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	Φ ′	00,000	
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,		
		4055007		04/04/0004	04/04/0005	MED EXP (Any one person)	\$ 5,00		
A		4055097	'	01/01/2024	01/01/2025	PERSONAL & ADV INJURY	\$ 1,000,000 \$ 2,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	Ψ 0.00		
POLICY JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO						(Ea accident)  BODILY INJURY (Per person)	\$		
OWNED SCHEDULED						BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS NON-OWNED NON-OWNED NON-OWNED						PROPERTY DAMAGE (Per accident)	\$		
AUTOS ONLY AUTOS ONLY						(Fer accident)	\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE					•	AGGREGATE	\$		
DED RETENTION \$							\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N						PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under						E.L. EACH ACCIDENT	+ ACCIDENT \$		
						E.L. DISEASE - EA EMPLOYEE \$			
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
A Building Coverage Crime/Fidelity		4055097		01/01/2024	01/01/2025	Blanket Limit Deductible	\$23,551,000		
		4055097	'	01/01/2024	01/01/2025	Crime/Fidelity	\$25,000 \$100,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (ACO	PRD 101, Additional Remarks Schedule,	, may be atta	ched if more sp	ace is required)	Crime/Fidelity	\$100	0,000	
100% Replacement Cost. Blanket Policy. Walls In Coverage including Betterments & Improvements. 13 Building, 68 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.					
			AUTHORIZ	ZED REPRESEN		EN GRAVE			