

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 01/20/2024

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 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					NAME: Laura refez						
Goldenwest Insurance Services					(A/C, No, Ext): (001) 470-0110 (A/C, No): (001) 470-0110						
PO	Box 268				E-MAIL perez@gwcu.org						
						INSURER(S) AFFORDING COVERAGE					
Ogden UT 84402-0268					INSURER A: Accelerant Specialty Insurance Company					16890	
INSURED						INSURER B :					
Heritage Estates Owners Association					INSURER C :						
2312 \$ 600W						INSURER D :					
						INSURER E :					
Perry UT 84302						INSURER F :					
COVERAGES CERTIFICATE NUMBER: CL2412008153 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			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY	INSU					(דררושטאוווויא)	EACH OCCURRENCE	\$ 1,00	0,000	
								DAMAGE TO RENTED	پ 100, s		
								PREMISES (Ea occurrence)	\$ 5,00		
А	<u> </u>			S0001PK000499-00		01/01/2024	01/01/2025	MED EXP (Any one person)		0,000	
								PERSONAL & ADV INJURY	\$ 2,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		0,000	
								PRODUCTS - COMP/OP AGG	\$ _,	-,	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
								(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$		
								EACH OCCURRENCE	\$		
	CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$   WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT Blanket Limit	\$ \$23	808,186.00	
А	Building Coverage			S0001PK000499-00		01/01/2024	01/01/2025	Deductible		000/per unit	
~				0000111000433 00		01/01/2024	01/01/2020		ψ00,		
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 and improvements. 20 Buildings 40 units Employee Dishonesty \$100,00											
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						
				Rennel Grane							
		BRADEN GRAN									

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