

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 01/30/2024

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

		ROGATION IS WAIVED, sub ertificate does not confer rig							may require	an endorsement. A state	ement o	on	
PRODUCER							CONTACT Laura Perez						
Goldenwest Insurance Services							PHONE (A/C, No	(801) 47	76-5119	FAX (A/C, No):	(801)	475-9575	
PO Box 268							E-MAIL ADDRES	Inoroz@a		(A/C, NO).			
								INSURER(S) AFFORDING COVERAGE NAIC					
Ogden UT 84402-0268							INSURER A: WCF Mutual Insurance Company						
INSURED							INSURER B:						
Greyhawk Townhomes							INSURER C:						
1827 E Whitetail Way							INSURER D :						
Layton						VA 84040	INSURER E :						
•				TIFIC	ATE I	NUMBER: CL241300821	9 REVISION NUMBER:						
TI IN C	IIS IS DICA ERTIF	S TO CERTIFY THAT THE POLICIE TED. NOTWITHSTANDING ANY FICATE MAY BE ISSUED OR MAY	ES OF II REQUIF PERTA ICH PO	NSUR REME VIN, TI LICIE:	REMENT, TERM OR CONDITION OF ANY			ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS E POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,					
LTR	R TYPE OF INSURANCE			INSD WVD POLICY NUMBER			(MM/DD/YYYY) (MM/DD/YYYYY) L		LIMIT				
	×	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE DAMAGE TO RENTED	Ψ	0,000	
		CLAIMS-MADE OCCUR								PREMISES (Ea occurrence)	\$ 300,		
									01/31/2025	MED EXP (Any one person)	\$ 10,0		
Α						4055977		01/31/2024		PERSONAL & ADV INJURY	φ .	0,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	φ .	0,000	
	×	POLICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG	φ .	0,000	
	4117	OTHER:								COMBINED SINGLE LIMIT	\$		
	AUI	OMOBILE LIABILITY								(Ea accident)	\$		
		ANY AUTO OWNED SCHEDULE	D							BODILY INJURY (Per person)	\$		
		AUTOS ONLY AUTOS HIRED NON-OWNE								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
		AUTOS ONLY AUTOS ONL	Ý							(Per accident)	\$		
		UMBRELLA LIAB OCCUR									,		
		EVOCESCIAR								EACH OCCURRENCE	\$		
		CLAIMS	S-MADE							AGGREGATE	\$		
	WOR	DED RETENTION \$								PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?												
			N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)  If yes, describe under									E.L. DISEASE - EA EMPLOYEE	\$		
	DESC	CRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT Blanket Limit:	\$ \$40	716,000	
Α		Iding Coverage				4055977		01/31/2024	01/31/2025	Deductible:	\$10,	*	
,,	Crir	me/Fidelity				1000077		01/01/2021	01/01/2020	Crime/Fidelity:		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 and Improvements. 28 Buildings 137 Units													
CE	RTIFI	ICATE 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					
								Espaca Grane					