

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/06/2024

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.

	SUBROGATION IS WAIVED, subject to a certificate does not confer rights to						may require	an endorsement. A state	ement o	on	
PRODUCER						CONTACT Laura Perez					
Goldenwest Insurance Services						PHONE (801) 476-5119 FAX (A/C, No): (801) 475-9575					
PO Box 268						ss: lperez@gv		(A/C, NO).			
					71221121		SURER(S) AFFOR	DING COVERAGE		NAIC#	
Ogden UT 84402-0268						INSURER A: Travelers Insurance Company					
INSURED						INSURER B:					
Millstone Manor					INSURER C:						
1175 Canyon Rd					INSURER D :						
					INSURER E:						
Ogden				UT 84405	INSURER F:						
COVERAGES CER				NUMBER: CL242608290	REVISION NUMBER:						
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIRENTIFICATE MAY BE ISSUED OR MAY PERTANCLUSIONS AND CONDITIONS OF SUCH POLITIONS	REMEN IN, TH LICIES	NT, TE IE INS 3. LIM	RM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	DOCUMENT V HEREIN IS SU AIMS.	VITH RESPECT TO WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE		ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)			LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 2,00	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,	000	
								MED EXP (Any one person)	\$ 10,0	00	
Α				BIP-9T731662-24-42		02/02/2024	02/02/2025	PERSONAL & ADV INJURY	\$ 2,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 4,00	0,000	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 4,00	0,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							LDED LOTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						•	PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE []	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	Building Coverage			DID 07704000 04 40		00/00/0004	00/00/0005	Blanket Limit		952,000	
А	Crime/Fidelity			BIP-9T731662-24-42		02/02/2024	02/02/2025	Deductible	\$50,		
								Crime/Fidelity	\$400	0,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 100% Replacement Cost. Blanket Coverage Walls in Coverage, including betterments & improvements. Crime/Fidelity extends to Property Management Company. 4 Buildings 88 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					
						BRAGEN GRANG					