

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 02/27/2024

LIN         TYPE OF INSURANCE	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.										
Products         Control         Contro         Control <thcontrol< th=""> <th< td=""><td colspan="11">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</td></th<></thcontrol<>	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										
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PO De uz 38						NAME: Laura Ferez PHONE (801) 476-5110 FAX (801) 475-0575					
						(A/C, No, Ext): (001) 470 0010 E-MAIL					
Oppon         UT         94402-0288         msures a.         WOFF Mutual Insurance Company         Image: Company           NBURD         Sandawood Cove         The Mutual Insurance Company         Image: Company <t< td=""><td colspan="5"></td><td colspan="6"></td></t<>											
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HIRED       MUTOS ONLY       MUTOS ONLY       PROPERTY DAMAGE       \$         HIRED       MUTOS ONLY       MUTOS ONLY       \$       \$         HIRED       MUTOS ONLY       AUTOS ONLY       \$       \$         HIRED       OCCUR       \$       \$       \$         HIRED       CLAIMS-MADE       AGGREGATE       \$       \$         DED       RETENTION \$       Y/N       AGGREGATE       \$         MORKERS COMPENSATION       MORKERS COMPENSATION       BREAL       AGGREGATE       \$         MORKERS COMPENSATIONS       Y/N       N/A       EL. EACH ACCIDENT       \$         MORKERS COMPENSATIONS       Y/N       N/A       EL. DISEASE - POLICY LIME       \$         MORKERS COMPENSATIONS / VEHICLES NOTIFY       Y/N       N/A       EL. DISEASE - POLICY LIME       \$         More Construction of the prescription of Potentions / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       \$       \$       \$         100%       Aggregation       Y/DISEASE - POLICY LIME       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$ <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></t<>								BODILY INJURY (Per accident)	\$		
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EXCENSION       CLAIMS-MADE       AGGREGATE       3         DED       RETENTION \$       AGGREGATE       \$         WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICE/MEMBER EXCLUDED?       Y/N N/A       N/A       Bit office       \$         Building Coverage Crime/Fidelity       N/A       4082722       02/20/2024       02/20/2025       Bianket Limit       \$20,882,000         DESCRIPTION OF OPERATIONS / LOCATIONS / LOCATION									\$		
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AND EMPLOYERS' LABILITY       Y/N       I       ISTATUTE       IER         AND PROPERTOR/PRAFTINERE/EXECUTIVE       IN/A       ISTATUTE       IER       IER         AND PROPERTOR/PRAFTINERE/EXECUTIVE       IN/A       IER       IER<	DED RETENTION \$								\$		
ANY PROPRIETOR/PARTNER/EXECUTIVE       Image: Additional memory in NH)       N/A       EL. EACH ACCIDENT       \$         EL. DISEASE-EA EMPLOYEE       \$       EL. DISEASE - EA EMPLOYEE       \$         Building Coverage       4082722       02/20/2024       02/20/2025       Blanket Limit       \$20,882,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       02/20/2025       Deductible       \$10,000         DISESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       \$100,000       \$100,000         100% Replacement Policy. Blanket Policy. Walls in Coverage including Betterments & Improvements       Improvements       \$18 Bidgs, 69 Units       \$100,000         Coverage for Lisa Yap       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       Authorized Representative       Authorized Representative								PER OTH- STATUTE ER			
Mandatory in NH)       Image: Second se	ANY PROPRIETOR/PARTNER/EXECUTIVE	OR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
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A       Building Coverage Crime/Fidelity       4082722       02/20/2024       02/20/2025       Deductible Crime/Fidelity       \$10,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       100% Replacement Policy. Blanket Policy. Walls in Coverage including Betterments & Improvements       8 Improvements       8 Improvements         100% Replacement Policy. Blanket Policy. Walls in Coverage including Betterments & Improvements       8 Improvements       8 Improvements         18 Bldgs, 69 Units Coverage for Lisa Yap       CANCELLATION       VEHICLES E CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	IT yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A       Crime/Fidelity       4082722       02/20/2024       02/20/2025       Deductible       \$10,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       100% Replacement Policy. Blanket Policy. Walls in Coverage including Betterments & Improvements       18 Bidgs, 69 Units       Coverage for Lisa Yap         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	Building Coverage							Blanket Limit	\$20,	882,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         100% Replacement Policy. Blanket Policy. Walls in Coverage including Betterments & Improvements         18 Bidgs, 69 Units         Coverage for Lisa Yap         CERTIFICATE HOLDER         For Insurance Verification Only         For Insurance Verification Only         Authorized Representative				4082722		02/20/2024	02/20/2025				
100% Replacement Policy. Blanket Policy. Walls in Coverage including Betterments & Improvements         18 Bldgs, 69 Units Coverage for Lisa Yap         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								Crime/Fidelity	\$10	0,000	
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	For Insurance Verification Only					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHORIZED REPRESENTATIVE						

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