

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/13/2024

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

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to				licy, certain policies may require an endorsement. A statement on n endorsement(s).						
PRODUCER						CONTACT Laura Perez					
Goldenwest Insurance Services					PHONE (901) 476-5110 FAX (901)				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: Nationwide/Allied Insurance Company					
INSURED						INSURER B:					
Hawk Haven Townhomes Association						INSURER C:					
5300 Adams Ave Pkwy Ste 8					INSURER D:						
					INSURER E :						
Ogden			UT 84405-6955			INSURER F:					
COVERAGES CERTIFICATE NUMBER: CL243130844						REVISION NUMBER:					
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PO	REMEI VIN, TH LICIES	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	R DOCUMENT NO DI HEREIN IS SI LAIMS.	WITH RESPECT TO WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR					03/04/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00	00,000		
Α	SEAINIO-WADE 17-4 COCCIO						03/04/2024	MED EXP (Any one person)	\$ 5,00	00	
				ACP BP013220695618				PERSONAL & ADV INJURY	•	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 2,000,000		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	φ .	00,000	
	OTHER:							PDLDB	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	No roo one:							, ,	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	<u> </u>		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
								Blanket Limit	-	,755,200	
Α	Building Coverage Crime/Fidellity			ACP BP013220695618		03/04/2024	03/04/2025	Deductible	\$25,	.000	
	Chine/Flacinty							Crime/Fidellity	\$50.		
	CERIPTION OF OPERATIONS / LOCATIONS / VEHICLE % Replacement Cost. Blanket Policy. Walls							s			
<u></u>	RTIFICATE HOLDER		CANO	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					
						ERAGEN GRANG					