EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 06/04/2026

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY	PHONE (A/C, No, Ext): 801-451-2997
StateFarm JUSTIN ZLOTNICK, AGENT 1466 N HWY 89 STE 240 FARMINGTON, UT 84025	
FAX (A/C, No): 801-451-7304	E-MAIL ADDRESS: justin@justinzlotnick.com
CODE:	SUB CODE:
AGENCY CUSTOMER ID #:	

COMPANY	NAIC # 25143
State Farm Fire and Casualty Company	

INSURED	LOAN NUMBER	POLICY NUMBER
ABERDEEN HOMEOWNERS ASSOCIATION INC C/O WELCH RANDALL 5300 ADAMS AVE PKWY STE 8 OGDEN UT 84405		94-BM-K250-1
	EFFECTIVE DATE: 04/28/2026	EXPIRATION DATE: 04/28/2027
		[X] CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION
5029 S RIVERSIDE DR, MURRAY, UT 84123

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED [ ] BASIC [ ] BROAD [ ] SPECIAL [X]

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
BUILDING	$85,800	$1000
BUSINESS LIABILITY	$2,000,000	
GENERAL AGGREGATE LIABILITY	$4,000,000	

REMARKS (Including Special Conditions)

BUILDING COVERAGE COVERS AUXILIARY STRUCTURES ONLY (COMMON AREAS AND FENCES), INDIVIDUAL UNIT OWNERS ARE RESPONSIBLE FOR INSURING THEIR OWN DWELLINGS.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS		
ZIONS BANCORPORATION, N.A ISAOA/ATIMA PO BOX 202028 FLORENCE SC 29502	[ ] ADDITIONAL INSURED [X] MORTGAGEE	[ ] LENDER'S LOSS PAYABLE [ ] LOSS PAYEE
	LOAN # 049825010182956	
	AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature is r	