



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
08/22/2025

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 JUSTIN ZLOTNICK, AGENT 1466 N HWY 89 STE 240 FARMINGTON, UT 84025	PHONE (A/C, No, Ext): 801-451-2997	COMPANY State Farm Fire and Casualty Company	NAIC # 25143
FAX (A/C, No): 801-451-7304	E-MAIL ADDRESS: justin@justinzlotnick.com		
CODE: AGENCY CUSTOMER ID #:	SUB CODE:		
INSURED ABERDEEN HOMEOWNERS ASSOCIATION INC C/O WELCH RANDALL 5300 ADAMS AVE PKWY STE 8 OGDEN UT 84405	LOAN NUMBER	POLICY NUMBER 94-BM-K250-1	
EFFECTIVE DATE 04/28/2025		EXPIRATION DATE 04/28/2026	☒ 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 ☒

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
BUILDING	\$77,100	\$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 ☒ MORTGAGEE	LENDER'S LOSS PAYABLE ☐	LOSS PAYEE ☐
LOAN # 049825010182956			
AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature is			