



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/19/2025

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Buckner Company 6550 S Millrock, Suite #300 Salt Lake City UT 84121	CONTACT NAME: Select Business Department PHONE (A/C, No, Ext): 801-937-6700 E-MAIL ADDRESS: select@buckner.com	FAX (A/C, No): 801-937-6710
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Continental Casualty Company		20443
INSURER B : Markel Insurance Company		38970
INSURER C : Great American Risk Solutions Surplus Lines Insura		35351
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
Governor's Square Condominiums
c/o Welch Randall Property Management
5300 South Adams Ave Parkway #8
Ogden UT 84405

GOVESQU-01

COVERAGES**CERTIFICATE NUMBER:** 1462784480**REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			3AA872536 618778805	3/1/2025 3/1/2025	3/1/2026 3/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Directors & Officers \$ 1,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C A	Blinkt Bldg - RC Directors & Officers			CPPF30259100 618778805	3/1/2025 3/1/2025	3/1/2026 3/1/2026	10,000 Deductible 1,000 Deductible 6,648,400 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Property manager is included as an employee with regard to the Employee Dishonesty per form G-145172-A.

CERTIFICATE HOLDER**CANCELLATION**

- For Information 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

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Governors Square Condominiums

Key Insurance Information

March 1, 2025

The information presented below is intended to provide a brief overview of the insurance provided by the HOA master policy.

In addition, it serves as an official notice in accordance with Utah HOA law and provides a guideline for the unit owner's personal insurance needs. For complete details of Utah Law, please visit :

Condo Act - https://le.utah.gov/xcode/Title57/Chapter8/57-8.html?v=C57-8_1800010118000101

Community Association Act - https://le.utah.gov/xcode/Title57/Chapter8A/57-8a.html?v=C57-8a_1800010118000101

The HOA master insurance policy provides property insurance for: buildings, individual units and permanently attached equipment and fixtures including unit owner upgrades- the coverage provided is subject to policy provisions and exclusions. This does not include unit owner contents.

1. The master insurance policy deductible is **\$50,000 and applies per occurrence**. In the event of a covered claim to a unit, the unit owner is responsible for this deductible which applies regardless of fault. If the HOA master policy deductible changes, the HOA must provide prior notice to the unit owners.
2. The master insurance policy includes general liability insurance with at least a \$1,000,000 per occurrence limit.

Unit Owner Checklist

(Always consult with your personal insurance agent to determine what insurance coverage you will need)

Priority:

- ✓ Individual unit owner insurance also known as an HO6 insurance policy. This should include dwelling coverage commonly known as Coverage A of **no less than \$50,000**.
- ✓ **Policy should be written on "special form"**
- ✓ **Loss Assessment Coverage**
- ✓ Coverage for your personal contents
- ✓ Personal liability protection
- ✓ Additional Living Expenses

Optional Coverage's if Applicable:

- ✓ Coverage for your autos and recreational vehicles
- ✓ Loss of use and additional living expenses due to a claim
- ✓ Supplemental earthquake insurance
- ✓ Flood or surface water insurance for your unit and your contents
- ✓ Pollution Coverage which may include Mold, Lead, Asbestos and other common pollutants
- ✓ Other coverage: *fine arts, jewelry, collectables, other valuable articles, money, sports equipment etc.*
- ✓ Loss of rents – *if your unit is a rental*

For individual homeowner's insurance quotes contact:

The Buckner Company Personal Lines Department # 801-937-6701

For insurance certificate requests:

Visit our website at www.buckner.com



For complete details of insurance coverage & exclusions please refer to the master policy, your CC&Rs and current Utah law. This summary does not imply, afford, or guarantee coverage or any limits other than what is provided by the actual insurance policy. This document is not intended to provide any professional or legal advice. We reserve the right to correct typographical errors.

- (1) **Prearranged Transfers**; or
- (2) transfers made through an automated teller machine,
before transferring Covered Property;
- c. Requires the banking institution to confirm completed transfers in writing to the **Named Entity** and any **Subsidiary** within five working days; and
- d. Does not impair the **Named Entity** and any **Subsidiary's** right of action against the banking institution for any loss of Covered Property resulting from failure to exercise reasonable care or to comply with the **Named Entity** and any **Subsidiary's** communication instructions.

II. DEFINITIONS

For purposes of this **Coverage Part**:

- 1. **Alteration** means the material modification of an original document by a person acting without authority and with intent to deceive.
- 2. **Banking Premises** means the interior of that portion of any building occupied by a banking institution or similar safe depository.
- 3. **Computer Fraud** means:
 - a. **Theft** of Covered Property following and directly related to the use of any computer to fraudulently cause a transfer of that property from inside the **Premises** or **Banking Premises** to a person (other than a **Messenger**) outside those **Premises** or to a place outside those **Premises**; and
 - b. **Theft of Money or Securities** following and directly related to use of written or verbal instructions which are purported to have been made by the **Named Entity Insureds**, to fraudulently cause an electronic transfer of that property from the **Banking Premises** to:
 - (i) another account, except an account controlled by the **Named Entity Insureds**, within the **Banking Premises**; or
 - (ii) a person (other than a **Messenger**) or place outside the **Banking Premises**.
- 4. **Custodian** means the **Named Entity Insureds**, any of their partners or any **Employee** while having care and custody of the property inside the **Premises**, excluding any person while acting as a **Watchperson** or janitor.
- 5. **Employee means:**
 - a. Any natural person while in **Named Entity's** or any **Subsidiary's** service (and for 30 days after termination of service), if **Named Entity** or any **Subsidiary** (i) compensates such natural person directly by salary, wages or commissions, and (ii) has the right to direct and control such natural person while performing services for the **Named Entity** or any **Subsidiary** ; or
 - b. Any natural person performing services for **Named Entity** or any **Subsidiary** on a leased, loaned, volunteer, non-compensated, temporary or part-time basis, but only while and to the extent such persons are subject to **Named Entity** or any **Subsidiary** direction and control and performing services for **Named Entity** or any **Subsidiary** , including but not limited to **Property Manager**; or