



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 SentryWest Insurance P.O. Box 9289 Salt Lake City UT 84109	CONTACT NAME: PHONE (A/C, No, Ext): 801-272-8468 E-MAIL ADDRESS: eoi@sentrywest.com FAX (A/C, No): 801-277-3511												
INSURED Grandview Acres Condominium Association Inc. 5300 Adams Avenue Pkwy Ogden UT 84405-6902	INSURER(S) AFFORDING COVERAGE <table><tr><td>INSURER A : Auto Owners Insurance Company</td><td>NAIC # 18988</td></tr><tr><td>INSURER B : SiriusPoint America Insurance</td><td>38776</td></tr><tr><td>INSURER C : WCF Mutual Insurance Company</td><td>10033</td></tr><tr><td>INSURER D : Accelerant Specialty Insurance</td><td>16890</td></tr><tr><td>INSURER E : Continental Casualty Company</td><td>20443</td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER A : Auto Owners Insurance Company	NAIC # 18988	INSURER B : SiriusPoint America Insurance	38776	INSURER C : WCF Mutual Insurance Company	10033	INSURER D : Accelerant Specialty Insurance	16890	INSURER E : Continental Casualty Company	20443	INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:** 945510386**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
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			57877904	3/15/2025	3/15/2026	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			57877904	3/15/2025	3/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 0			XUMB24-102815	3/15/2025	3/15/2026	EACH OCCURRENCE \$2,000,000 AGGREGATE \$ \$
C	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	1229217	3/15/2025	3/15/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D E E	Blanket Buildings Directors and Officers Fid. Bond/Empl. Dishonesty			S0001PR000740-00 768650536 768650536	3/15/2025 3/15/2025 3/15/2025	3/15/2026 3/15/2026 3/15/2026	\$25,000 Ded. Applies \$1,000 Ded. Applies \$1,000 Ded. Applies 24,675,000 1,000,000 250,000

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

Important notice to Unit/Lot Owners:

Under Utah law (57-8-43 Condominium and 57-8a-405 Community Association Act), Regardless of fault, the expense related to the master policy deductible for any covered cause of loss is the unit owners' responsibility. Unit owners should consult with their personal advisors to ensure they have coverage to assist with this expense.

100% Replacement Cost

Inflation Guard Included and reviewed annually

Wind/Hail Coverage Included

See Attached...

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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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY SentryWest Insurance		NAMED INSURED Grandview Acres Condominium Association Inc. 5300 Adams Avenue Pkwy Ogden UT 84405-6902	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Equipment Breakdown Included
Ordinance and Law Coverage
Crime coverage extends to Property Managers
Severability of Interests/Separation of Insured
Policy is not pooled with any unaffiliated projects
30 Days Notice of Cancellation EXCEPT 10 Days for Non-Payment of Premium

Form Type: Special - All-In/Walls-In:

As per Form S CP 12303 10 20 "Fixtures, improvements, betterments, installations and alterations within the interior surfaces of the walls, floors, and ceilings; and Appliances, such as those used for refrigerating, ventilation, cooking, dishwashing, laundering, security or housekeeping."