OP ID: AW



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/05/2025

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.

If	SUE	BROGATION IS	s w	AIVED, subject	to tl	ne te	OTTIONAL INSURED, the permission of the permission of the ifficate holder in lieu of su	ne poli	cy, certain p	olicies may				
PRODUCER 801-901-2174									CONTACT Amanda Warr					
Hatch Insurance Group 668 East 12225 South, Ste 204 Draper, UT 84020								PHONE (A/C, No, Ext): 801-901-2174 FAX (A/C, No): 888-865-8458  E-MAIL ADDRESS: amanda@hatch-insurance.com						
								INSURER(S) AFFORDING COVERAGE NAIC #						
									INSURER A : Travelers				24775	
INCLIDED									INSURER B:					
INSURED Jordan Meadows Townhomes Owners Association									INSURER C :					
weich Randall Property Manag. 5300 S Adams Ave Parkway Ste 8														
Ogo	len, I	UT 84405						INSURER D : INSURER E : INSURER F :						
		AGES					E NUMBER:	REVISION NUMBER:  VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO						
IN C	IDICA ERTI	ATED. NOTWIT FICATE MAY B	HST E IS	ANDING ANY RISSUED OR MAY	EQUIF PERT	REME AIN,	VANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR		TYPE OF I	NSUR	ANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
A	Х	COMMERCIAL GE	NER	AL LIABILITY	INOD	WVD			(MINI/DD/1111)	(MINDE/TTTT	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR					BIP-6W063769-25-42		01/08/2025	01/08/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
Α	X Directors & Offic					BIP-6W063769-25-42		01/08/2025	01/08/2026	MED EXP (Any one person)	\$	5,000		
								0 00. 2020		PERSONAL & ADV INJURY	\$	1,000,000		
	GEN	NI AGGREGATE II	MIT A	ADDI IES DEB:							GENERAL AGGREGATE	\$	2,000,000	
	OLI	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER:									PRODUCTS - COMP/OP AGG	\$	2,000,000	
											D&O	\$	1,000,000	
Α	ΔΙΙΤ	OMOBILE LIABILIT	гу								COMBINED SINGLE LIMIT	\$	1,000,000	
	Α0.	ANY AUTO	•				BIP-6W063769-25-42		01/08/2025	01/08/2026	(Ea accident)  BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY		SCHEDULED AUTOS			DII 011000100 20 42		01/00/2023	01/00/2020				
	Х	HIRED AUTOS ONLY	Х	NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
		AUTOS ONLY		AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB		OCCUR							FACIL OCCUPRENCE	\$		
		EXCESS LIAB	-	CLAIMS-MADE	:						EACH OCCURRENCE AGGREGATE	\$		
		DED RETE	=NITIC								AGGREGATE	\$		
	WOF										PER OTH-	φ		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PATNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under			N/A						STATUTE   ER				
										E.L. EACH ACCIDENT	\$			
										E.L. DISEASE - EA EMPLOYER				
A Property Section							BIP-5W793062-25-42		01/08/2025	01/08/2026	E.L. DISEASE - POLICY LIMIT	\$	25,366,961	
	Fidelity						BIP-5W793062-25-42			01/08/2026	_		250,000	
Evi Bor not Ord	dene row ice d linar	ce of Insurna er: Landen G of cancellation	ice Siles on ii nclu	for 3082 S Vir s Loan#:8083 ncluded, Rep	onic 4471 lacer	a Wa 7 Wa nent	o 101, Additional Remarks Schedu ay West Valley City, U alls in Coverage includ Cost, Equipment Brea Deductible. 80 units.	T 8411 ded, 30 akdow	9 ) day 'n.	re space is requii	red)	1		
CF	RTIF	ICATE HOLD	ER					CANCELLATION						
Evidence of Insurance									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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