



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/4/2026

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).

|                                                                                     |  |                                                                                                                                 |  |                                    |
|-------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|
| <b>PRODUCER</b><br>SentryWest Insurance<br>P.O. Box 9289<br>Salt Lake City UT 84109 |  | <b>CONTACT NAME:</b> SentryWest - EOI<br><b>PHONE (A/C, No, Ext):</b> 801-272-8468<br><b>E-MAIL ADDRESS:</b> eoi@sentrywest.com |  | <b>FAX (A/C, No):</b> 801-277-3511 |
|                                                                                     |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                            |  | <b>NAIC #</b>                      |
|                                                                                     |  | INSURER A : Travelers Casualty Company of                                                                                       |  | 36170                              |
|                                                                                     |  | INSURER B :                                                                                                                     |  |                                    |
|                                                                                     |  | INSURER C :                                                                                                                     |  |                                    |
|                                                                                     |  | INSURER D :                                                                                                                     |  |                                    |
|                                                                                     |  | INSURER E :                                                                                                                     |  |                                    |
|                                                                                     |  | INSURER F :                                                                                                                     |  |                                    |

License#: 1549  
THEMAPL-01**INSURED**  
The Maples at Jordan Hills  
5300 S Adams Ave Parkway  
Suite 8  
Ogden UT 84405**COVERAGES****CERTIFICATE NUMBER:** 827957209**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>COMMERCIAL GENERAL LIABILITY</b>                                                            |                                |          |               |                         |                         | EACH OCCURRENCE                           | \$          |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |                                |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$          |
|          |                                                                                                |                                |          |               |                         |                         | MED EXP (Any one person)                  | \$          |
|          |                                                                                                |                                |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$          |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                             |                                |          |               |                         |                         | GENERAL AGGREGATE                         | \$          |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$          |
|          | OTHER:                                                                                         |                                |          |               |                         |                         |                                           | \$          |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                    |                                |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$          |
|          | <input type="checkbox"/> ANY AUTO                                                              |                                |          |               |                         |                         | BODILY INJURY (Per person)                | \$          |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS             |                                |          |               |                         |                         | BODILY INJURY (Per accident)              | \$          |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY        |                                |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$          |
|          |                                                                                                |                                |          |               |                         |                         |                                           | \$          |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR                                            |                                |          |               |                         |                         | EACH OCCURRENCE                           | \$          |
|          | <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE                                        |                                |          |               |                         |                         | AGGREGATE                                 | \$          |
|          | DED <input type="checkbox"/> RETENTION \$                                                      |                                |          |               |                         |                         |                                           | \$          |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                           |                                |          | UB2S410418    | 5/3/2026                | 5/3/2027                | X                                         | PER STATUTE |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | Y / N                          |          |               |                         |                         |                                           | OTH-ER      |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                         | <input type="checkbox"/> N / A |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$ 500,000  |
|          |                                                                                                |                                |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$ 500,000  |
|          |                                                                                                |                                |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$ 500,000  |

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

**CERTIFICATE HOLDER****CANCELLATION**

\*\*\*For Information Only Certificate\*\*\*  
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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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