



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2023

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>  |  |
| License#: 1549<br>ARCAGRE-01  | <b>INSURER A:</b> Topa Insurance Company<br><b>INSURER B:</b> TravelersCasualty&SuretyCo. of<br><b>INSURER C:</b> ACE Fire Underwriters Insuranc<br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> | <b>NAIC #</b><br>18031<br>31194<br>20702 |

**COVERAGES** **CERTIFICATE NUMBER:** 1510484568 **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           | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | UIB-124-85339                                 | 4/5/2023                         | 4/5/2024                         | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$4,000,000<br>PRODUCTS - COMP/OP AGG \$4,000,000<br>\$ |
| A           | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          | UIB-124-85339                                 | 4/5/2023                         | 4/5/2024                         | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|             | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$   |           |          |   |                                  |                                  | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|             | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |   |                                  |                                  | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| A<br>B<br>C | Building<br>Employee Dishonesty/Fidelity<br>Directors & Officers  |           |          | UIB-124-85339<br>107068388<br>ADOUTF1651486A2 | 4/5/2023<br>3/5/2022<br>4/5/2023 | 4/5/2024<br>3/5/2025<br>4/5/2024 | \$25,000 Deductible<br>\$1,000 Deductible<br>\$0 Deductible<br>11,192,724<br>100,000<br>1,000,000  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 9 buildings - 48 units - All-In/Walls-In - 100% Replacement Cost

Inflation Guard Included or reviewed annually  
 Wind/Hail Coverage Included  
 Equipment Breakdown Included  
 Ordinance and Law Coverage: Cov A,B,C: \$250,000 combined.  
 Crime coverage extends to Property Managers  
 Severability of Interests/Separation of Insured  
 See Attached...

**CERTIFICATE HOLDER** **CANCELLATION**

|                        |  |
|------------------------|--|
| ** Insured Use 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<br>  |

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## ADDITIONAL REMARKS SCHEDULE

|                                |           |  |  |
|--------------------------------|-----------|--|--|
| AGENCY<br>SentryWest Insurance |           | NAMED INSURED<br>Arcadia Green Townhomes<br>c/o M&M Management<br>3783 South 500 West, Suite 8<br>South Salt Lake UT 84115 |  |
| POLICY NUMBER                  |           | EFFECTIVE DATE:  |  |
| CARRIER                        | NAIC CODE | (Empty)  |  |

**ADDITIONAL REMARKS**

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

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 BP 17 28 11 13 coverage includes "Any fixture, improvement, or betterment installed by unit-owner to a unit or to a limited common area, including a floor covering, cabinet, light fixture, electrical fixture, heating or plumbing fixture, paint, wall covering, window, and any other item permanently part of or affixed to a unit or a limited common element."