

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/16/2022

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).

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PRODUCER CONTACT NAME: SentryWest - EOI											
SentryWest Insurance					PHONE (A/C, No, Ext): 801-272-8468 FAX (A/C, No): 801-277-3511					7-3511	
P.O. Box 9289 Salt Lake City UT 84109						E-MAIL ADDRESS: eoi@sentrywest.com					
- Ou	Land only of office				ADDILL			DING COVERAGE		NAIC#	
				Licence#, 1540	INCLIDE	R A : Auto Ow				18988	
License#: 1549 INSURED SOUTHIL-05						INSURER B: Great American Insurance Compa				16691	
South Hills POD 4 Homeowners Association					INSURER C: TravelersCasualty&SuretyCo. of				31194		
c/o Welch Randall					, ,				31194		
5300 S Adams Ave Parkway, Suite #8 Ogden UT 84405					INSURER D:						
ogudii o i o i i o					INSURER E :						
						INSURER F:					
				E NUMBER: 1874984685	REVISION NUMBER:					IOV PEDIOD	
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	INSR TYPE OF INSURANCE ADDL SUBRINSD WVD POLICY			POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY)			LIMIT	LIMITS		
A	LIK		WVD	57317329		6/16/2022	6/16/2023	EACH OCCURRENCE	\$2,000	000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	\$ 50,00	,	
	CLAINIS-WADE COCOIX							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,000		
								PERSONAL & ADV INJURY	\$2,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$3,000		
	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$2,000		
	OTHER:							PRODUCTS - COMP/OF AGG	\$ 2,000	,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	ļ ·		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUB										
	- FYOSOG LIAB							EACH OCCURRENCE	\$		
	CLATIVIS-IVIADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	_	
	AND EMPLOYERS' LIABILITY Y/N								<u> </u>		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DESCRIPTION OF OPERATIONS below			EDDE 457700 00		0/40/0000	014010000	E.L. DISEASE - POLICY LIMIT	\$ 64.00	00.000	
B C	Directors & Officers Liability Fidelity Bond-Employee Dishonesty			EPPE457792-02 0107278016		6/16/2022 6/16/2020	6/16/2023 6/16/2023	\$1,000 Deductible \$500 Deductible	\$25,0	00,000 000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
									2 - 4		
Member Count: 56 - Residential HOA – Common Area Liability Only - There is NO DWELLING COVERAGE. Owners MUST purchase HO3 structural coverage.											
CE	CERTIFICATE HOLDER CANCELLATION										
CANCELLATION CANCELLATION											
******For Information Purposes****** *****************************						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					
			1	Youl was-							