

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/7/2023

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.

	SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsement	. Ast	atement on
_	DUCER				CONTA NAME:		, <u>-</u>			
SentryWest Insurance				PHONE (A/C, No, Ext): 801-272-8468 FAX (A/C, No): 801-277-3511						
P.O. Box 9289 Salt Lake City UT 84109				E-MAIL address: eoi@sentrywest.com						
Sail Lake City 01 04 109				INSURER(S) AFFORDING COVERAGE					NAIC#	
				License#: 1549					32700	
	IRED			BSACHOC-01	INSURER B:					
	A Chocolate Daybreak Village 8 To	wns/	'Dayl	oreak Community	INSURER C:					
	soc. Inc. 248 S. Kestrel Rise Road, Suite 201				INSURER D :					
	uth Jordan UT 84009				INSURER E :					
					INSURE					
co	VERAGES CER	TIFIC	CATE	NUMBER: 238796451				REVISION NUMBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I	QUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
	XCLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN F	REDUCED BY F	POLICY EXP			
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
Α	X COMMERCIAL GENERAL LIABILITY			5314995909		10/23/2023	10/23/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,000	,
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 300,0	
								MED EXP (Any one person)	\$ 10,00	
								PERSONAL & ADV INJURY	\$ 2,000	,
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$4,000	,
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$4,000	,000
	OTHER: AUTOMOBILE LIABILITY			5044005000		40/02/0002	40/02/0004	COMBINED SINGLE LIMIT	\$ 2,000	
A	ANY AUTO			5314995909		10/23/2023	10/23/2024	(Ea accident)	- '	,000
	OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	X HIRED X NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUB									_
	- Joseph Joseph							EACH OCCURRENCE	\$	
	CLAIWS-WADL							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								•	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
A	DÉSCRIPTION OF OPERATIONS below Blanket Buildings			5314995909		10/23/2023	10/23/2024	E.L. DISEASE - POLICY LIMIT \$25,000 Ded, Applies	\$ 33.61	9,740
^`	James Zananige			0014333333		10/20/2020	10/20/2024	Ф20,000 Воц. / фр. 100		-,
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101. Additional Remarks Schedu	le. mav b	e attached if more	space is require	ed)		
Ea	thquake - 10% Ded. Applies - \$33,619,7	'40 È	imit	•				,		
Fid	ectors and Officers - Cincinnati Insuranc Bond/Empl Dis Cincinnati Insurance (Comp	mpan bany F	9 Policy #EMO0629648 - \$10),000 D	ed. Applies / S	\$1,000,000 L	iability Limit		
	·		,		,	• • •	, , ,	,		
Un	oortant notice to Unit/Lot Owners: der Utah law (57-8-43 Condominium and	57-8	3a-40	5 Community Association	Act), Re	egardless of fa	ault, the expe	nse related to the master	policy	deductible for
an	covered cause of loss is the unit owner	s' res	spons	ibility. Unit owners should	cońsult	with their pers	sonal advisor	s to ensure they have cov	erage	o assist with
Se	s expense. e Attached									
				CANCELLATION						
				THE	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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AGENCY	CHST	OMER	ID: F	SSACH	C-01

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY SentryWest Insurance	NAMED INSURED BSA Chocolate Daybreak Village 8 Towns/Daybreak Community Assoc. Inc. 11248 S. Kestrel Rise Road, Suite 201 South Jordan UT 84009		
POLICY NUMBER			
CARRIER NAIC CODE			
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE
Residential Association - 100% Replacement Cost
Inflation Guard Included or reviewed annually Wind/Hail Coverage Included 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 Waiver of Subrogation or Waiver of Transfer of Rights applies

As per Form 54990 (10-13) Coverage Includes: "any fixture, improvement, or betterment installed at any time to a unit or to a unit or to a limited common area, associated with a unit whether installed in the original construction or in any remodel or later alteration, 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 to a limited common element associated with a unit"