

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. 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 (A/C, No): 801-277-3511					
P.O. Box 9289 Salt Lake City UT 84109					E-MAIL ADDRESS: eoi@sentrywest.com					
	, , , , , , , , , , , , , , , , , , , ,				INSURER(S) AFFORDING COVERAGE				NAIC#	
				License#: 1549						32700
INSU				BSAURBA-01	INSURER B:					
BS.	A Urban Townhomes at Daybreak ybreak Community Association Inc.				INSURER C:					
112	248 S Kestrel Rise Road Suite 201				INSURER D:					
Sou	uth Jordan UT 84009				INSURER E:					
					INSURE	RF:				
CO	VERAGES CERT	ΓIFIC	CATE	NUMBER: 1156265783				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAV INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION (CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE E					OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, BEEN REDUCED BY PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY			5366002100		11/1/2023	11/1/2024	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	,
	FOLICI JECI LOC							PRODUCTS - COMP/OP AGG	\$4,000	,000
Α	OTHER: AUTOMOBILE LIABILITY			5366002100		11/1/2023	11/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$2.000	000
,,	ANY AUTO			3300002100		11/1/2023	11/1/2024	(Ea accident) BODILY INJURY (Per person)	\$,000
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	X HIRED X NON-OWNED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Blanket Buildings Fidelity Bond/Employee Dishonesty			5366002100		11/1/2023	11/1/2024	\$25,000 Ded \$25,000 Ded	\$18,0 \$50,0	54,000 00
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) A. Earthquake Coverage - \$18,054,000 Building Limit/10% Deductible										
Important notice to Unit/Lot Owners: Under Utah law (57-8-43 Condominium and 57-8a-405 Community Association Act), Regardless of fault, the expense related to the master policy deductible for any covered cause of loss is the unit owners' responsibility. Unit owners should consult with their personal advisors to ensure they have coverage to assist with this expense.										
Association with Building Coverage:										
CERTIFICATE HOLDER 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					

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AGENCY	CUSTOMER	ın.	BSAURBA-01
AGENCI	CUSIDNER	ID.	DOMOINDA-01

LOC #:



ADDITIONAL REMARKS SCHEDULE

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	EF	FFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: 25	FORM TITLE: CERTIFICATE OF LIABILITY INSU	JRANCE				
Residential Association - 100%	Replacement Cost					
Inflation Guard Included or review Wind/Hail Coverage Included Equipment Breakdown Included Ordinance and Law Coverage: Severability of Interests/Separa Policy is not pooled with any un 30 Days Notice of Cancellation	d A,B&C - Combined \$150,000 ation of Insured					
Form Type: Special - All-In/Walls-In: 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"						