



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/26/2024

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).

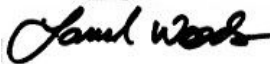
|  |   |                                    |
|--|---|------------------------------------|
| <b>PRODUCER</b><br>SentryWest Insurance<br>P.O. Box 9289<br>Salt Lake City UT 84109                  | <b>CONTACT NAME:</b><br><b>PHONE (A/C. No. Ext):</b> 801-272-8468 | <b>FAX (A/C. No):</b> 801-277-3511 |
|  | <b>E-MAIL ADDRESS:</b> eoi@sentrywest.com                         |                                    |
| License#: 1549   |   |                                    |
| <b>INSURED</b><br>Rooftops Salem Home Owners Association Inc.<br>1983 N. 1120 West<br>Provo UT 84604 | <b>INSURER(S) AFFORDING COVERAGE</b>                              | <b>NAIC #</b>                      |
|  | INSURER A : TravelersCasualty&SuretyCo. of                        | 31194                              |
|  | INSURER B : Owners Insurance Company                              | 32700                              |
|  | INSURER C :   |                                    |
|  | INSURER D :   |                                    |
|  | INSURER E :   |                                    |

**COVERAGES** **CERTIFICATE NUMBER:** 576512641 **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        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><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: |           |          | 5032622501                 | 3/23/2024               | 3/23/2025               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| B        | <input type="checkbox"/> <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                       |           |          | 5032622501                 | 3/23/2024               | 3/23/2025               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          |                            |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
|          | <input type="checkbox"/> <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                         |           |          |                            |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
| B<br>A   | Blanket Buildings<br>Fid.Bond/Emp/Dis  |           |          | 5032622501<br>0107822325LB | 3/23/2024<br>3/24/2023  | 3/23/2025<br>3/24/2026  | \$25,000 Ded \$10,093,600<br>\$500 Ded \$25,000   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 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:  
 Unit Count: 32 - Residential Association - Guaranteed Replacement Cost  
 See Attached...

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br>***** For Information Only *****<br>*****<br>*****<br>***** | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|

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**ADDITIONAL REMARKS SCHEDULE**

|                                |           |   |  |
|--------------------------------|-----------|---|--|
| AGENCY<br>SentryWest Insurance |           | NAMED INSURED<br>Rooftops Salem Home Owners Association Inc.<br>1983 N. 1120 West<br>Provo UT 84604 |  |
| POLICY NUMBER                  |           | EFFECTIVE DATE:   |  |
| CARRIER                        | NAIC CODE |   |  |

**ADDITIONAL REMARKS**

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

Inflation Guard Included or reviewed annually  
 Wind/Hail Coverage Included  
 Equipment Breakdown Included  
 Ordinance and Law Coverage: A, B&C - Combined \$150,000  
 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

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"