



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2018

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> The Buckner Company 6550 S Millrock, Suite #300 Salt Lake City UT 84121	<b>CONTACT NAME:</b> HOA Dept <b>PHONE (A/C, No, Ext):</b> 801-937-6700 <b>E-MAIL ADDRESS:</b> HOA@buckner.com	<b>FAX (A/C, No):</b> 801-365-0872
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> DAYBLAK-01 Daybreak Lake Village Condominiums Owners' Association Inc. c/o CCMC 11274 Kestrel Rise Road, Suite F South Jordan UT 84009	<b>INSURER A:</b> Philadelphia Indemnity Insurance Company <b>NAIC #:</b> 18058	
	<b>INSURER B:</b> Palomar Specialty Insurance Company <b>NAIC #:</b> 20338	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 1151319275 **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 A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1725613 PCAP014083-0118	10/10/2018 10/10/2018	10/10/2019 10/10/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Directors & Officers \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	Blanket Building-Repl. Cost Employee Dishonesty Earthquake			PHPK1725613 CGP180116340-03	10/10/2018 10/10/2018	10/10/2019 10/10/2019	7,339,188 35,000 7,339,188 5,000 Deductible 2,500 Deductible 10% Ded

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 24 Units - Walls In including completed additions and permanently installed fixtures per form #PI-MANU- (01/00)  
 Separation of insureds applies per form CG 00 01 04 13. The unit owner is responsible for insuring those units in their entirety.  
 Waiver of Transfer of Rights of Recovery per form CG 01 47 12 11  
 Agreed Value Endorsement for Building Coverage- Included  
 Building Ordinance or Law \$300,000; Windstorm/Hail Included; Boiler & Machinery Limit \$6,419,348  
 See Attached...

<b>CERTIFICATE HOLDER</b>  - For Information Only - XX XX XX XX xx	<b>CANCELLATION</b> 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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## ADDITIONAL REMARKS SCHEDULE

AGENCY The Buckner Company		NAMED INSURED Daybreak Lake Village Condominiums Owners' Association Inc. c/o CCMC 11274 Kestrel Rise Road, Suite F South Jordan UT 84009	
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

Flood Limit \$1,000,000 Policy #PHPK1725613

Property Manager is an employee under the Employee Dishonesty per form PI-ULT-138 (03/13)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **UTAH CHANGES – COMMON-INTEREST ASSOCIATIONS**

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

Pursuant to the Utah Common Ownership Interest Act of 2011, the following provisions apply:

**A. Section II – Who Is An Insured** is amended to include the following as an insured:

Each individual unit owner or each individual lot owner of the insured association, but only with respect to liability arising out of the unit-owner's or lot owner's:

1. interest in the common elements and facilities;  
or
2. membership in the association.

**B.** The following paragraph is added to **Section IV – Commercial General Liability Conditions**:

#### **Acts Or Omissions By Unit-Owners Or Lot-Owners**

No act or omission by any unit-owner or lot-owner, unless acting within the scope of the unit-owner's or lot-owner's authority on behalf of the association, will void the policy or be a condition to recovery under the policy.

**C.** The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us (Section IV – Commercial General Liability Conditions)**:

We waive any rights, which the Transfer Of Rights Of Recovery Against Others To Us Condition may give us against any unit-owner, lot-owner or member of their respective households.