



NATIONWIDE GENERAL INSURANCE COMPANY

ONE WEST NATIONWIDE BLVD
COLUMBUS, OH 43215-2220
1-877 On Your Side
1 (877) 669-6877

RENEWAL

PREMIER BUSINESSOWNERS POLICY

HABITATIONAL

COMMON DECLARATIONS

Policy Number: ACP BP013230419692

Named Insured: HERITAGE VIEW CONDOMINIUMS
HOMEOWNERS ASSOCIATION, INC.

Mailing Address: 187 W MAIN ST
LEHI, UT 84043-2145

Agency: THE BUCKNER COMPANY

Address: 6550 S MILLROCK DR STE 300
SALT LAKE CITY, UT 84121-2331

Agency Phone Number: (801) 937-6700

Producer: BEAT KOSZINOWSKI

Policy Period: Effective From 06-21-2024 To
06-21-2025
12:01 AM Standard Time at your
principal place of business



Premiums/Fees

Total Annual Premium	\$5,709.00
Total Policy Premium	\$5,709.00

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Form of your business entity: Non-Profit Organization

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE TO PROVIDE THE INSURANCE STATED IN THIS POLICY.

These Common Policy Declarations, together with the Common Policy Conditions, Coverage Form Declarations,
Coverage Forms and any endorsements issued to form a part thereof, complete the Policy numbered above.

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UT 07320



PREMIER BUSINESSOWNERS POLICY

HABITATIONAL

COMMON DECLARATIONS

Policy Number: ACP BP013230419692

Policy Period: From 06-21-2024 To 06-21-2025

SCHEDULE OF NAMED INSUREDS

Named Insured:

HERITAGE VIEW CONDOMINIUMS HOMEOWNERS ASSOCIATION, INC.





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PREMIER BUSINESSOWNERS POLICY

HABITATIONAL

PROPERTY DECLARATIONS

Policy Number: ACP BP013230419692

Policy Period: From 06-21-2024 To 06-21-2025

Premises: 001 / Building: 001

Premises Address: 995 E CENTER ST
PROVO, UT 84606-3547

Classification: Condominium Association ? Multiple
Buildings ? 5 Unit or More Buildings (No
Mercantile or Office)

Construction Type: Frame

Occupancy Type: Building Owner - Lessors risk

10 UNIT BUILDING

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".
Property Coverage is subject to a **\$10,000 Deductible**, unless otherwise stated.

Coverages	Deductible	Limit
Building - Blanket Limit	\$10,000	\$3,274,500
Replacement Cost		
Business Personal Property		Not Provided

Additional Coverages - The Coverage Form includes other Additional Coverages not shown

Business Income		Included
Actual Loss Sustained		12 Months
Waiting Period		0 Hours
Ordinary Payroll		60 Days
Extended Period Of Indemnity		60 Days
Extra Expense		Included
Actual Loss Sustained		12 Months
Waiting Period		0 Hours
Equipment Breakdown	No Separate Deductible	Included
Building Automatic Increase Percentage		0%
Business Personal Property Automatic Increase Percentage		Not Provided
Back Up Of Sewer And Drain Water		
Per Building Limit		\$25,000
Back Up Aggregate Limit		\$25,000
Appurtenant Structures - 10% of Building Limit of Insurance - Maximum \$50,000 any one structure		Included
Increased Cost of Construction		See Endorsement

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PREMIER BUSINESSOWNERS POLICY

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PROPERTY DECLARATIONS

Policy Number: ACP BP013230419692

Policy Period: From 06-21-2024 To 06-21-2025

Premises: 001 / Building: 001

Coverages	Deductible	Limit
Optional Coverages - Other frequently purchased coverage options		
Employee Dishonesty Per Occurrence		\$50,000
Ordinance Or Law Coverage		
Loss To The Undamaged Portion Of The Building (Coverage Equal To Building Limit)		Included
Demolition Cost And Broadened Increased Costs Of Construction		\$150,000
Ordinance Or Law Broadened Coverage		Not Provided
Habitational PLUS		Included
Windstorm/Hail Deductible	No Separate Deductible	



Optional Increased Limits	Included Limit	Additional Limit	Total Limit
Accounts Receivable	\$25,000		\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000		\$25,000
Forgery Or Alteration	\$10,000		\$10,000
Money And Securities			
Inside the Premises	\$10,000		\$10,000
Outside the Premises (Limited)	\$10,000		\$10,000
Outdoor Signs	\$2,500		\$2,500
Outdoor Trees, Shrubs, Plants And Lawns	\$10,000		\$10,000
Business Personal Property Off Premises			
Property Away From Premises	\$15,000		\$15,000
Property Away From Premises - Transit	\$15,000		\$15,000
Electronic Data	\$10,000		\$10,000
Interruption Of Computer Operations	\$10,000		\$10,000
Computer Fraud And Funds Transfer	\$10,000		\$10,000



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PREMIER BUSINESSOWNERS POLICY

HABITATIONAL

PROPERTY DECLARATIONS

Policy Number: ACP BP013230419692

Policy Period: From 06-21-2024 To 06-21-2025

Premises: 001 / Building: 001

Optional Increased Limits	Included Limit	Additional Limit	Total Limit
Business Personal Property Temporarily In Portable Storage Units	\$10,000		\$10,000

PROTECTIVE SAFEGUARDS

Based on information you and/or your agent provided, this premises has Protective Safeguards as identified below. A Protective Safeguards endorsement will be added to your policy based on this information, and you risk the loss of insurance if you fail to maintain, or knew or should have known of any suspension or impairment of any Protective Safeguard(s) identified below. Note that Protective Safeguard(s) must be: in place, operational, and maintained in good working order and you must notify us immediately (at Commercial Lines Service Center by calling (866) 322-3214) in the event of any known or planned disablement of any Protective Safeguard(s).

APPLICABLE PROTECTIVE SAFEGUARDS: **NOT APPLICABLE**

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PREMIER BUSINESSOWNERS POLICY

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PROPERTY DECLARATIONS

Policy Number: ACP BP013230419692

Policy Period: From 06-21-2024 To 06-21-2025

Premises: 001 / Building: 002

Premises Address: 995 E CENTER ST
PROVO, UT 84606-3547

Classification: Condominium Association ? Multiple
Buildings ? 5 Unit or More Buildings (No
Mercantile or Office)

Construction Type: Frame

Occupancy Type: Building Owner - Lessors risk

8 UNIT BUILDING

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".
Property Coverage is subject to a **\$10,000 Deductible**, unless otherwise stated.

Coverages	Deductible	Limit
Building - Blanketed Replacement Cost	\$10,000	Included
Business Personal Property		Not Provided



Additional Coverages - The Coverage Form includes other Additional Coverages not shown

Business Income		Included
Actual Loss Sustained		12 Months
Waiting Period		0 Hours
Ordinary Payroll		60 Days
Extended Period Of Indemnity		60 Days
Extra Expense		Included
Actual Loss Sustained		12 Months
Waiting Period		0 Hours
Equipment Breakdown	No Separate Deductible	Included
Building Automatic Increase Percentage		0%
Business Personal Property Automatic Increase Percentage		Not Provided
Back Up Of Sewer And Drain Water		
Per Building Limit		\$25,000
Back Up Aggregate Limit		\$25,000



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PROPERTY DECLARATIONS

Policy Number: ACP BP013230419692

Policy Period: From 06-21-2024 To 06-21-2025

Premises: 001 / Building: 002

Coverages	Deductible	Limit
Additional Coverages - The Coverage Form includes other Additional Coverages not shown		
Appurtenant Structures - 10% of Building Limit of Insurance - Maximum \$50,000 any one structure		Included
Increased Cost of Construction		See Endorsement

Optional Coverages - Other frequently purchased coverage options

Employee Dishonesty Per Occurrence		\$50,000
Ordinance Or Law Coverage		
Loss To The Undamaged Portion Of The Building (Coverage Equal To Building Limit)		Included
Demolition Cost And Broadened Increased Costs Of Construction		\$150,000
Ordinance Or Law Broadened Coverage		Not Provided
Habitational PLUS		Included
Windstorm/Hail Deductible	No Separate Deductible	

Optional Increased Limits	Included Limit	Additional Limit	Total Limit
Accounts Receivable	\$25,000		\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000		\$25,000
Forgery Or Alteration	\$10,000		\$10,000
Money And Securities			
Inside the Premises	\$10,000		\$10,000
Outside the Premises (Limited)	\$10,000		\$10,000
Outdoor Signs	\$2,500		\$2,500
Outdoor Trees, Shrubs, Plants And Lawns	\$10,000		\$10,000
Business Personal Property Off Premises			
Property Away From Premises	\$15,000		\$15,000
Property Away From Premises - Transit	\$15,000		\$15,000

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PREMIER BUSINESSOWNERS POLICY

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PROPERTY DECLARATIONS

Policy Number: ACP BP013230419692

Policy Period: From 06-21-2024 To 06-21-2025

Premises: 001 / Building: 002

Optional Increased Limits	Included Limit	Additional Limit	Total Limit
Electronic Data	\$10,000		\$10,000
Interruption Of Computer Operations	\$10,000		\$10,000
Computer Fraud And Funds Transfer	\$10,000		\$10,000
Business Personal Property Temporarily In Portable Storage Units	\$10,000		\$10,000

PROTECTIVE SAFEGUARDS

Based on information you and/or your agent provided, this premises has Protective Safeguards as identified below. A Protective Safeguards endorsement will be added to your policy based on this information, and you risk the loss of insurance if you fail to maintain, or knew or should have known of any suspension or impairment of any Protective Safeguard(s) identified below. Note that Protective Safeguard(s) must be: in place, operational, and maintained in good working order and you must notify us immediately (at Commercial Lines Service Center by calling (866) 322-3214) in the event of any known or planned disablement of any Protective Safeguard(s).



APPLICABLE PROTECTIVE SAFEGUARDS: NOT APPLICABLE



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LIABILITY DECLARATIONS

Policy Number: ACP BP013230419692

Policy Period: From 06-21-2024 To 06-21-2025

Limits Of Insurance		Limit
Each Occurrence Limit of Insurance	Per Occurrence	\$1,000,000
Medical Payments Sub Limit	Per Person	\$5,000
Tenants Property Damage Legal Liability Sublimit	Per Covered Loss	\$300,000
Personal And Advertising Injury	Per Person Or Organization	\$1,000,000
Products-Completed Operations Aggregate Limit	All Occurrences	\$2,000,000
General Aggregate (Other Than Products-Completed Operations)	All Occurrences	\$2,000,000

Automatic Additional Insureds Status

The following persons or organizations are automatically insureds when you and they have agreed in a written contract or agreement that such person or organization be added as an additional insured on your policy.

- Co-Owners of Insured Premises
- Controlling Interest
- Grantor of Franchise or License
- Lessors of Leased Equipment
- Managers or Lessors of Leased Premises
- Mortgagee, Assignee or Receiver
- Owners or Other Interest from Whom Land has been Leased
- State or Political Subdivisions - Permits Relating to Premises

Liability Deductible	Deductible
None	

Optional Coverages	Deductible	Limit
Hired Auto Liability		Included
Non-Owned Auto Liability		Included
Employee Bodily Injury to Another Employee - Designated Positions	See Endorsement	Included
Directors & Officers With Non-Monetary Relief	Per Wrongful Act	\$1,000,000
	Aggregate Limit	\$1,000,000
Retroactive Date	06-21-2021	

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Policy Number: ACP BP013230419692

Policy Period: From 06-21-2024 To 06-21-2025

FORMS AND ENDORSEMENTS SUMMARY

Form Number	Title
PBDS01 01 18	Premier Businessowners Declarations
PB81S1 01 17	Premier Businessowners Policy - Statement Of Values
PB0002 06 24	Premier Businessowners Property Coverage Form
PB0006 06 24	Premier Businessowners Liability Coverages Form
PB0009 06 24	Premier Businessowners Common Policy Conditions
PB0008 06 24	Nuclear Energy Exclusion
PB0404 01 01	Hired Auto And Non-Owned Auto Liability
PB0412 01 01	Limitation Of Coverage To Designated Premises
PB0523 07 15	Cap on Losses from Certified Acts of Terrorism
PB1478 01 17	Exclusion of Loss Due to By-Products of Production or Processing Operations (Rental Properties)
PB1486 11 14	Communicable Disease Exclusion
PB1560 06 24	Cyber Incident Property Exclusion
PB1701 11 14	Condominium Association Coverage
PB1803 06 24	Cyber Incident Liability Exclusion
PB1804 12 23	Exclusion - Violation of Law Addressing Data Privacy
PB2003 01 17	Habitational PLUS Endorsement
PB4151 01 17	Directors and Officers Liability (Cooperatives Or Condominiums) With Non-Monetary Relief
PB5422 04 06	Amendment - Employee Dishonesty Optional Coverage - Condominium, Townhouse Or Homeowners Association
PB6300 04 11	Designated Positions for Employee Bodily Injury To Another Employee
PB9043 12 22	Utah Amendatory Endorsement
PB9083 06 21	Named Insureds Endorsement
PB9091 09 22	Disclosure Pursuant To Terrorism Risk Insurance Act
PB9101 09 23	PFC/PFAS Exclusion





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IMPORTANT NOTICES

Form Number	Title
NI0062 01 21	Notice of Terrorism Insurance Coverage
NI0018 01 17	Flood Insurance Notice
NI0109 11 22	PFC/PFAS Exclusion Disclosure
NI0111 12 23	Violation of Law Addressing Data Privacy Exclusion Disclosure
NI9009 01 17	Information for Insureds Who Have Tenants
NI0004 01 17	Important Notice for Renewal Policies
NI0035 01 17	Data Breach & Identity Recovery Services
NI0075 01 17	Consumer Report Inquiry Notice
NI9032 12 22	Important Notice - Depreciation of Labor and Overhead and Profit

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IN WITNESS WHEREOF, the Company has caused this policy to be signed by its Secretary and President.

Secretary

President



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STATEMENT OF VALUES

Policy Number: ACP BP013230419692

Policy Period: From 06-21-2024 To 06-21-2025

The values shown on this Statement of Values reflect the values you have requested or agreed to for each individual item that was included in the Blanket Limit of Insurance shown in the Declarations of your policy.

By your acceptance of this policy in the payment of the premium due, you are acknowledging that the values shown below are correct to the best of your knowledge and belief.

Premises/ Building	Description/ Coverage Type	Value	Valuation of Property
001/001	Building	\$1,677,600	Replacement Cost
001/002	Building	\$1,596,900	Replacement Cost

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