



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/10/2025

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).

PRODUCER The Buckner Company 6550 S Millrock, Suite #300 Salt Lake City UT 84121		CONTACT NAME: HOA Department PHONE (A/C, No, Ext): E-MAIL ADDRESS: hoa@buckner.com
		INSURER(S) AFFORDING COVERAGE INSURER A: Owners Insurance Company INSURER B: Philadelphia Indemnity Insurance Company INSURER C: StarNet Insurance Company INSURER D: INSURER E: INSURER F:
INSURED Time Square Condominiums c/o South Rim Management 762 East 100 Payson UT 84651		NAIC # 32700 18058 40045
TIMESQU-01		

## COVERAGES

CERTIFICATE NUMBER: 680780745

## 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 C	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			4748247000 QDO0014646-00	11/30/2025 11/30/2025	11/30/2026 11/30/2026	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					MED EXP (Any one person)	\$ 10,000		
						PERSONAL & ADV INJURY	\$ 1,000,000		
						GENERAL AGGREGATE	\$ 2,000,000		
						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
						Directors & Officers	\$ 1,000,000		
						COMBINED SINGLE LIMIT (Ea accident)	\$		
						BODILY INJURY (Per person)	\$		
						BODILY INJURY (Per accident)	\$		
	UMBRELLA LIAB  EXCESS LIAB  DED <input type="checkbox"/> RETENTION \$					PROPERTY DAMAGE (Per accident)	\$		
						EACH OCCURRENCE	\$		
						AGGREGATE	\$		
						\$	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A				PER STATUTE	OTHE- R		
						E.L. EACH ACCIDENT	\$		
						E.L. DISEASE - EA EMPLOYEE	\$		
						E.L. DISEASE - POLICY LIMIT	\$		
A B	Blanket Bldg - Replacement Cost Ordinance or Law Employee Dishonesty			4748247000 PCAC0125170620	11/30/2025 11/30/2025	11/30/2026 11/30/2026	10,000 Deductible 1,000 Deductible	8,248,100 150,000 50,000	

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

45 Units - Walls In including completed additions and fixtures, improvements and alterations that are a part of the building or structure. Property Manager is included as an employee with regard to the Employee Dishonesty. Separate of Insureds. Cancellation applies. Equipment Breakdown Included. Wind Hail Included. Inflation Guard reviewed annually. Special Form. No unaffiliated projects.

## CERTIFICATE HOLDER

## CANCELLATION

*** For Information ***	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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# Time Square Condominiums

## Key Insurance Information

11/30/2025

The information presented below is intended to provide a brief overview of the insurance provided by the HOA master policy.

In addition, it serves as an official notice in accordance with Utah HOA law and provides a guideline for the unit owner's personal insurance needs. For complete details of Utah Law, please visit :

**Condo Act** - [https://le.utah.gov/xcode/Title57/Chapter8/57-8.html?v=C57-8\\_1800010118000101](https://le.utah.gov/xcode/Title57/Chapter8/57-8.html?v=C57-8_1800010118000101)

**Community Association Act** - [https://le.utah.gov/xcode/Title57/Chapter8A/57-8a.html?v=C57-8a\\_1800010118000101](https://le.utah.gov/xcode/Title57/Chapter8A/57-8a.html?v=C57-8a_1800010118000101)

The HOA master insurance policy provides property insurance for: buildings, individual units and permanently attached equipment and fixtures including unit owner upgrades- the coverage provided is subject to policy provisions and exclusions. This does not include unit owner contents.

1. The master insurance policy deductible is **\$10,000 and applies per occurrence**. In the event of a covered claim to a unit, the unit owner is responsible for this deductible which applies regardless of fault. If the HOA master policy deductible changes, the HOA must provide prior notice to the unit owners.
2. Earthquake and Flood insurance are not required per the governing documents and are not included under the master insurance policy.
3. The master insurance policy includes general liability insurance with at least a \$1,000,000 per occurrence limit.

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### Unit Owner Checklist

*(Always consult with your personal insurance agent to determine what insurance coverage you will need)*

**Priority:**

- ✓ Individual unit owner insurance also known as an HO6 insurance policy. This should include dwelling coverage commonly known as "Coverage A" of **no less than \$10,000**.
- ✓ **Policy should be written on "special form"**
- ✓ **Loss Assessment Coverage**
- ✓ Coverage for your personal contents
- ✓ Personal liability protection
- ✓ Additional Living Expenses

**Optional Coverage's if Applicable:**

- ✓ Coverage for your autos and recreational vehicles
- ✓ Loss of use and additional living expenses due to a claim
- ✓ Supplemental earthquake insurance
- ✓ Flood or surface water insurance for your unit and your contents
- ✓ Pollution Coverage which may include Mold, Lead, Asbestos and other common pollutants
- ✓ Other coverage: *fine arts, jewelry, collectables, other valuable articles, money, sports equipment etc.*
- ✓ Loss of rents – *if your unit is a rental*

**For individual homeowner's insurance quotes contact:**

The Buckner Company Personal Lines Department # 801-937-6701

**For insurance certificate requests:**

Visit our website at [www.buckner.com](http://www.buckner.com)



For complete details of insurance coverage & exclusions please refer to the master policy, your CC&Rs and current Utah law. This summary does not imply, afford, or guarantee coverage or any limits other than what is provided by the actual insurance policy. This document is not intended to provide any professional or legal advice. We reserve the right to correct typographical errors.