



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/25/2025

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).

<b>PRODUCER</b> SentryWest Insurance P.O. Box 9289 Salt Lake City UT 84109	<b>CONTACT NAME:</b> SentryWest - EOI <b>PHONE (A/C, No, Ext):</b> 801-272-8468 <b>E-MAIL ADDRESS:</b> eoi@sentrywest.com <b>FAX (A/C, No):</b> 801-277-3511
<b>INSURED</b> Countryside Square Condominium (Orem) c/o South Rim Management 762 E 100 N Payson UT 84043	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> TravelersCasualty&SuretyCo. of <b>INSURER B:</b> Benchmark Insurance Company <b>INSURER C:</b> StarNet Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
License#: 1549 COUNSU-01	<b>NAIC #</b> 31194 41394 40045

**COVERAGES****CERTIFICATE NUMBER:** 1353931067**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> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			UIB-124-85180	4/28/2025	4/28/2026	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
B	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			UIB-124-85180	4/28/2025	4/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B A C	Blanket Buildings Fidelity Bond/Employee Dishonesty Directors and Officers Liability			UIB-124-85180 0106509669LB QDO0004370-00	4/28/2025 4/28/2025 4/28/2025	4/28/2026 4/28/2028 4/28/2026	\$25,000 Deductible \$1,000 Deductible \$1,000 Deductible \$13,939,231 \$100,000 \$1,000,000

**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: 64 - Residential Association - Guaranteed Building Replacement Cost

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

\*\*\*\*\*For Information Purposes\*\*\*\*\*  
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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**Page 1 of 1

AGENCY SentryWest Insurance		NAMED INSURED Countryside Square Condominium (Orem) c/o South Rim Management 762 E 100 N Payson UT 84043	
POLICY NUMBER			
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

**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 Included, Coverages B&C Combined \$100,000  
Crime coverage extends to Property Managers  
Severability of Interests  
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 BP 17 28 11 13 coverage includes "Any fixture, improvement, or betterment installed by unit-owner to a unit or to a limited common area, 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 a limited common element."