



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/24/2024

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).

PRODUCER SentryWest Insurance P.O. Box 9289 Salt Lake City UT 84109	CONTACT NAME: SentryWest - EOI PHONE (A/C. No. Ext): 801-272-8468 E-MAIL ADDRESS: eoi@sentrywest.com FAX (A/C. No): 801-277-3511
INSURED Fairway Springs Ski & Golf Villas Owners Association PO Box 2938 Park City UT 84060	INSURER(S) AFFORDING COVERAGE INSURER A: Continental Casualty Company INSURER B: Travelers Casualty & Surety Co. of INSURER C: Federal Insurance Company INSURER D: Selective Insurance Company of INSURER E: INSURER F:
License#: 1549 FAIRSPR-03	NAIC # 20443 31194 20281 12572

COVERAGES**CERTIFICATE NUMBER:** 1380780591**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
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			S 2566812	10/17/2024	10/17/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
D	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			S 2566812	10/17/2024	10/17/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			G74817336	10/17/2024	10/17/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D A B	Blanket Buildings Directors & Officers Liability Fidelity Bond/Employee Dishonesty			S 2566812 618981001 0106536086LB	10/17/2024 10/17/2024 6/7/2022	10/17/2025 10/17/2025 6/7/2025	\$25,000 Deductible \$2,500 Deductible \$2,500 Deductible \$30,716,199 \$1,000,000 250,000

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.

Unit Count: 46 - Residential Association - 100% Replacement Cost

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

*****For Information Purposes*****

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 Fairway Springs Ski & Golf Villas Owners Association PO Box 2938 Park City UT 84060	
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 - Included / B - \$500,000 / C - \$500,000
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 CP 00 17 10 12 Coverage includes: "Fixtures, improvements and alterations that are a part of the building or structure;"