



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2025

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 State Farm 	Olga Serrato 1614 W 700 N Suite B Salt Lake City UT 84116	CONTACT NAME: Olga Serrato
		PHONE (A/C, No, Ext): 801-906-0822
INSURED WASATCH COMMONS CONDO ASSOCIATION 1411 S UTAH ST APT 13 SALT LAKE CTY UT 841043473	E-MAIL ADDRESS: olga.serrato.fgc9@statefarm.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: State Farm Fire and Casualty Company	25143
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$				
	CLAIMS-MADE	<input type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$				
							MED EXP (Any one person)	\$				
							PERSONAL & ADV INJURY	\$				
							GENERAL AGGREGATE	\$				
							PRODUCTS - COMP/OP AGG	\$				
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$				
	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC							
	OTHER:											
		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO						BODILY INJURY (Per person)	\$			
		OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$			
Hired AUTOS ONLY		<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$				
								\$				
A	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	94-GN-0611-4	10/31/2025	10/31/2026	EACH OCCURRENCE	\$ 1,000,000				
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE							AGGREGATE	\$ 1,000,000	
	DED <input checked="" type="checkbox"/>	RETENTION \$ 10,000									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	Y / N	N / A			PER STATUTE	OTHE-ER	\$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	<input type="checkbox"/>								E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)									E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER

CANCELLATION

	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
	This form was system-generated on 12/16/2025 .

© 1988-2015 ACORD CORPORATION. All rights reserved.