

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/06/2024

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						CONTACT Allan Thomas					
Thomas Insurance Agency, Inc.						PHONE (801) 486-4328 FAX (A/C, No, Ext): (801) 486-4835					
3165 Highland Dr.SLC, UT 84106						E-MAIL allan@thomasinsure.com					
P O Box 9288						INSURER(S) AFFORDING COVERAGE NAI					
Salt Lake City UT 84109						INSURER A: Owners Insurance Company					
INSURED						INSURER B:					
Tobermory Ridge Homeowners Association						INSURER C:					
5300 S Adams Ave Ste 8						INSURER D :					
Ogden				UT 84405-6955	INSURER E : INSURER F :						
CO	COVERAGES CER			NUMBER: Master 12-1-23	3-24 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 POLICY EFF POLICY EXP											
INSR LTR			WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
Α	COMMERCIAL GENERAL LIABILITY			1				EACH OCCURRENCE	\$ 2,00		
	CLAIMS-MADE X OCCUR		1	1				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,	,000	
	Buisinessowners Policy			1				MED EXP (Any one person)	\$ 10,0	00	
				5055407400		12/01/2023	12/01/2024	PERSONAL & ADV INJURY	\$ Inclu	bepring	
	GEN'L AGGREGATE LIMIT APPLIES PER:			1				GENERAL AGGREGATE	\$ 4,00	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 4,00	00,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY			1				COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO			1				BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	➤ UMBRELLA LIAB OCCUR							EACH OCCURRENCE	_{\$} 1,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			5055407401		12/01/2023	12/01/2024	AGGREGATE	\$ 1,000,000		
	DED RETENTION \$ 10,000								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE			1				E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	N/A		1				E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
				ı							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)				
CERTIFICATE HOLDER CANCELLATION											
Brad Randall ATTN:Welch Randall Real Estate						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	5300 S Adams Ave Pkwy #8			AUTHO	AUTHORIZED REPRESENTATIVE						
•					Justin Johansson						
1	South Ogden	UT 84405	The man de de								