



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/9/2026

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: PHONE (A/C, No, Ext): 801-272-8468		FAX (A/C, No): 801-277-3511
	E-MAIL ADDRESS: eo@sentrywest.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Accelerant Specialty Insurance		16890
	INSURER B: Continental Casualty Company		20443
	INSURER C: SiriusPoint America Insurance		38776
	INSURER D:		
	INSURER E:		
	INSURER F:		
INSURED Fawngrove Homeowners Association Inc. PO Box 2938 Park City UT 84060		License#: 1549 FAWNCON-01	

COVERAGES **CERTIFICATE NUMBER:** 1916220534 **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$10,000 Ded. <input type="checkbox"/> Applies GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:			S0001PK000915-01	1/1/2026	1/1/2027	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
A	<input checked="" 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		S0001PK000915-01	1/1/2026	1/1/2027	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 type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		XUMB25-000476	1/1/2026	1/1/2027	EACH OCCURRENCE	\$ 10,000,000	
							AGGREGATE	\$ 10,000,000	
								\$	
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y / N	<input type="checkbox"/> N / A				PER STATUTE	OTHE- R	
							E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
A B B	Blanket Buildings Directors & Officers Fid.Bond Empl Dis			S0001PK000915-01 768638628 768638628	1/1/2026 1/1/2026 1/1/2026	1/1/2027 1/1/2027 1/1/2027	\$100,000 Ded \$1,000 Ded \$2,500 Ded	\$66,000,000 \$1,000,000 \$500,000	

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: 60 - Residential Association - Replacement Cost

Inflation Guard Included or reviewed annually

Wind/Hail Coverage Included

See Attached...

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

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ADDITIONAL REMARKS SCHEDULE

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AGENCY SentryWest Insurance		NAMED INSURED Fawngrove Homeowners Association Inc. PO Box 2938 Park City UT 84060	
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

Equipment Breakdown Included

Ordinance and Law Coverage A - Included, Coverage B - \$300,000, Coverage C - \$300,000 Limit.

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 S CP 12303 10 20 "Fixtures, improvements, betterments, installations and alterations within the interior surfaces of the walls, floors and ceilings; and Appliances, such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping."