



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
01/18/2023

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.

PRODUCER L.A. Bowen Insurance Inc 1345 West 1600 North PO Box 67 Orem UT 84059	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Dennis Bowen</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (801) 225-2442</td> <td>FAX (A/C, No): (801) 225-2428</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: dennis.b@laboweninsurance.com</td> </tr> <tr> <td colspan="2">PRODUCER CUSTOMER ID: 00014362</td> </tr> </table>	CONTACT NAME: Dennis Bowen		PHONE (A/C, No, Ext): (801) 225-2442	FAX (A/C, No): (801) 225-2428	E-MAIL ADDRESS: dennis.b@laboweninsurance.com		PRODUCER CUSTOMER ID: 00014362														
CONTACT NAME: Dennis Bowen																						
PHONE (A/C, No, Ext): (801) 225-2442	FAX (A/C, No): (801) 225-2428																					
E-MAIL ADDRESS: dennis.b@laboweninsurance.com																						
PRODUCER CUSTOMER ID: 00014362																						
INSURED Grandview Farm Condominiums 1754 Cobblestone Dr Provo UT 84604	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: Travelers</td> <td></td> <td style="text-align: center;">040282</td> </tr> <tr> <td>INSURER B: Travelers Cas Ins Co of Amer</td> <td></td> <td style="text-align: center;">19046</td> </tr> <tr> <td>INSURER C: CNA Surety</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Travelers		040282	INSURER B: Travelers Cas Ins Co of Amer		19046	INSURER C: CNA Surety			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A: Travelers		040282																				
INSURER B: Travelers Cas Ins Co of Amer		19046																				
INSURER C: CNA Surety																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES **CERTIFICATE NUMBER:** Master Cert 23-24 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Blanket Premise

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	6804F790497	01/08/2023	01/08/2024	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING \$10,000	BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				CONTENTS	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL					RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					BLANKET BUILDING	\$
	<input type="checkbox"/> WIND					BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Blanket	\$ 16,791,441					
		<input checked="" type="checkbox"/> Employee Dishon	\$ 25,000				
	INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
						\$	
C	<input type="checkbox"/> CRIME	6236443	04/15/2022	04/15/2023	<input checked="" type="checkbox"/> Limit	\$ 100,000	
	TYPE OF POLICY					\$	
	Dishonesty Bond					\$	
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
						\$	
						\$	
B	Directors and Officers	106422535	01/08/2023	01/08/2024	<input checked="" type="checkbox"/> Limit	\$ 1,000,000	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

For Proof of Coverage. Sent certificate requests to aimee.a@laboweninsurance.com or fax 801-225-2428
This policy provides walls-in coverage.
64 Units Covered

CERTIFICATE HOLDER For Proof Of Coverage For Proof Of Coverage	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
---	--