



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/3/2025

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 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 Chateau Foret Home Owners Association, Inc. M&M Management 3783 South 500 West Suite 8 Salt Lake City UT 84115	INSURER(S) AFFORDING COVERAGE INSURER A: American Alternative Insurance INSURER B: Pennsylvania Manufacturers Ind INSURER C: INSURER D: INSURER E: INSURER F:

License#: 1549

CHATFOR-01

NAIC #

19720

41424

COVERAGES**CERTIFICATE NUMBER:** 1955978323**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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CAU531565-1-0	11/1/2025	11/1/2026	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAU531565-1-0	11/1/2025	11/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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	2025010591792Y	7/9/2025	7/9/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Blanket Buildings Crime/Employee Dishonesty Directors/Officers			CAU531565-1-0	11/1/2025	11/1/2026	\$25,000 Ded Crime All Claims \$33,725,000 \$250,000 \$1,000,000

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

Flood coverage ONLY applies to the following properties:

4850-4852 S. Highland Circle

4850-4868 S Highland Circle (Carports)

4860 S. Highland Circle

4864 S. Highland Circle

4868 S. Highland Circle

C. Primary Flood 4850-4852 S Highland Circle, Pol #0005480145, \$2,224,000, \$1,250 Deductible, Selective Ins. Co.. Effective 3-4-2025 - 3-4-2026 \$185,333

per unit

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

** Information Only **

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 Chateau Foret Home Owners Association, Inc. M&M Management 3783 South 500 West Suite 8 Salt Lake City UT 84115	
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

C. Primary Flood 4860 S. Highland Circle, Pol #0005480172, \$1,186,000, \$1,250 Deductible, Selective Ins. Co. Effective 3-4-2025 - 3-4-2026 \$197,666 per unit
C. Primary Flood 4864 S. Highland Circle, Pol # 0005480185, \$1,186,000, \$1,250 Deductible, Selective Ins. Co. Effective 3-4-2025 - 3-4-2026 \$197,666 per unit
C. Primary Flood 4868 S. Highland Circle, Pol #0005480190, \$1,186,000, \$1,250 Deductible, Selective Ins. Co. Effective 3-4-225 - 3-4-2026 \$197,666 per unit

Unit Count: 144 - Residential Association -- 100% Replacement Cost

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.

Inflation Guard Included or reviewed annually

Wind/Hail Coverage Included

Equipment Breakdown Included

Ordinance and Law Coverage: \$24,168,055

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 BP 17 28 11 13 coverage includes "Any fixture, improvement, or betterment installed by unit-owner to a unit or to a limited common area, including a floor covering, cabinet, light fixture, electrical fixture, heating or plumbing fixture, paint, wall covering, window, and any other item permanently part of or affixed to a unit or a limited common element."