



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 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 NAME: STETSON S. WOOD PHONE (A/C, No, Ext): (801) 451-8300 FAX (A/C, No): (801) 451-8318 E-MAIL ADDRESS :				
INSUR-WEST, INC. 12541-0F0 286 S 200 W STE 140 FARMINGTON, UT 84025		PRODUCER CUSTOMER ID #:				
INSURED UTAH TREE, CO 1003 W MAIN ST LEHI, UT 84043-9750		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: PEKIN INSURANCE COMPANY 24228 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		ADDL INSR	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY				006481104	02/26/2025	02/26/2026	EACH OCCURRENCE \$ 1,000,000		
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000		
	X CLAIMS - MADE X OCCUR							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		
								GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC \$		
A	AUTOMOBILE LIABILITY				006481107	02/26/2025	02/26/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000		
	X ANY AUTO							BODILY INJURY (Per person) \$		
	X ALL OWNED AUTOS							BODILY INJURY (Per accident) \$		
	X SCHEDULED AUTOS							PROPERTY DAMAGE (Per accident) \$		
	X HIRED AUTOS									
	NON-OWNED AUTOS						EACH OCCURRENCE \$			
	UMBRELLA LIAB OCCUR						AGGREGATE \$			
	EXCESS LIAB CLAIMS-MADE									
	DEDUCTIBLE RETENTION \$									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS	OTHER		
	E.L. EACH ACCIDENT						\$			
	E.L. DISEASE - EA EMPLOYEE						\$			
	E.L. DISEASE - POLICY LIMIT						\$			
	BUSINESS OWNERS						EACH OCCURRENCE \$			
	PROD & COMP OPS AGGREGATE						\$			
	GENERAL AGGREGATE						\$			
	GARAGE LIABILITY						EACH ACCIDENT (AUTO ONLY) \$			
	EACH ACCIDENT (OTHER THAN AUTO ONLY)						\$			
	AGGREGATE						\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										

CERTIFICATE HOLDER PROOF OF INSURANCE	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 INSUR-WEST, INC. - 12541-0F0
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