



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/06/2025

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 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).

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|---|--|---|
| <b>PRODUCER</b><br>American Family Brokerage Inc<br>6000 American Parkway<br><br>Madison WI 53783 |  | <b>CONTACT NAME:</b> Brewster Insurance Group Inc<br><b>PHONE (A/C, No, Ext):</b> (801) 966-4571<br><b>E-MAIL ADDRESS:</b> kbrewste@amfam.com<br><b>FAX (A/C, No):</b>                                      |
| <b>INSURED</b><br>Community Foundation of Ogden Valley<br>PO Box 684<br><br>Eden UT 84310         |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> USLI - United States Liability Insurance<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |

**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 SUBR INSD WVD   | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|--|---------------|-------------------------|-------------------------|--|
| A        | COMMERCIAL GENERAL LIABILITY  | Y  | NBP1557013G   | 07/28/2025              | 07/28/2026              | EACH OCCURRENCE \$ 1,000,000   |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  |  |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000                 |
|          | <input checked="" type="checkbox"/> Businessowners Liability  |  |               |                         |                         | MED EXP (Any one person) \$ 5,000                                    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |  |               |                         |                         | PERSONAL & ADV INJURY \$   |
| A        | AUTOMOBILE LIABILITY  | Y  | NBP1557013G   | 07/28/2025              | 07/28/2026              | COMBINED SINGLE LIMIT (Ea accident) \$                               |
|          | <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS  |  |               |                         |                         | BODILY INJURY (Per person) \$  |
|          | <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/>   |  |               |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          | OTHER:  |  |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
| A        | UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/>  | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | CUP1559441G   | 07/28/2025              | 07/28/2026              | Each Occ & Agg \$ Included   |
|          | DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>  |  |               |                         |                         | EACH OCCURRENCE \$ 1,000,000   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input checked="" type="checkbox"/> N/A   |  |               |                         |                         | AGGREGATE \$ 1,000,000   |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below                        |  |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| A        | Non Profit Directors & Officers and Employment Practices Liability  |  | NBP1557013G   | 07/28/2025              | 07/28/2026              | Each Claim \$1,000,000<br>Aggregate \$1,000,000                      |


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

Location Address: 5821 E 1900 N, Eden, UT 84310.

Business Income and Extra Expense - \$35,000 / \$0 Deductible Business Personal Property - \$5,000 / RC/ \$1,000 Deductible

The Certificate Holder, Weber County, is listed as an Additional Insured (per BP 04 48 01 06).

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| Weber County<br>2380 Washington Blvd<br><br>Ogden UT 84401 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b><br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
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