



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/24/2021

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).

<b>PRODUCER</b> Utah Local Governments Trust 55 S. Highway 89  North Salt Lake UT 84054-2054		<b>CONTACT NAME:</b> Underwriting Department <b>PHONE (A/C, No. Ext):</b> <b>FAX (A/C, No):</b> 801-936-0300 <b>E-MAIL ADDRESS:</b> Underwriting@utahtrust.gov	
<b>INSURED</b> Ogden Valley Parks Service Area P. O. Box 642  Eden UT 84310		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Utah Local Governments Trust <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: AI\_16870\_2021\_01

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:	Y		16870-LIABILITY	07/01/2021	06/30/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Deductible \$ 0
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			16870-LIABILITY	07/01/2021	06/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Confirmation of General/Automobile Liability coverage for Ogden Valley Parks Service Area.

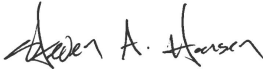
Certificate holder is considered additional insured, see attached endorsement.

**CERTIFICATE HOLDER****CANCELLATION**

Weber County Community Development 444 24th Street  Ogden UT 84401	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 <i>Scott Sorenson</i>
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### ADDITIONAL INSURED ENDORSEMENT

Named Insured Ogden Valley Parks Service Area	Endorsement Number AI_16870_2021_01
Policy Number 16870-LIABILITY	Endorsement Effective 05/24/2021
Countersigned by   (Authorized Representative)	

The above is required to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### **THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**This Endorsement modifies insurance provided under the following:**

#### COMPREHENSIVE GENERAL LIABILITY

Person or Organization (Additional Insured): Weber County Community Development

A. With respect to Comprehensive General Liability only, the “Persons or Entities Insured” is amended to include the person or organization shown above as an Additional Insured with whom you (the Named Insured) has agreed in a written contract or written agreement that such person or organization be added as an Additional Insured to your policy. The coverage provided by this Endorsement extends only to tort liability assumed by the Additional Insured based upon the alleged actionable conduct of the Named Insured resulting in Bodily Injury, Personal Injury or Property Damage. Tort liability means liability that would be imposed by law in the absence of any contract or agreement. The status of a person’s or organization’s status as an Additional Insured under this Endorsement ends when this policy terminates, or when the contract or agreement between the Named Insured and the Additional Insured terminates, whichever occurs first.

B. The contract or agreement referred to in Paragraph A. above must be:

1. In effect at the inception of the Policy Period or become effective during the Policy Period; and
2. Executed prior to the Bodily Injury, Personal Injury or Property Damage covered under this Endorsement.

C. The coverage provided by this Endorsement to the Additional Insured does NOT apply to any Bodily Injury, Personal Injury or Property Damage arising out of the alleged actionable conduct of the Additional Insured.

D. The coverage provided by this Endorsement to the Additional Insured shall be limited to the lesser of the coverage provided under the Comprehensive General Liability coverage and the coverage required under the written contract or written agreement between the Named Insured and the Additional Insured.

E. The Additional Insured is subject to all of the terms, provisions, conditions, exclusions, definitions and limitations applicable to the Named Insured. The failure of the Named Insured to adhere to any such provisions will defeat coverage under the policy for the Additional Insured.

F. The coverage provided by this Endorsement to the Additional Insured shall not be deemed a waiver of any statutory immunity, protection or limitation of liability, and the Trust does not waive its right to deny coverage by reasons of the same. The coverage provided by this Endorsement to the Additional Insured shall not exceed the coverage available to the Named Insured, nor shall it exceed any statutory immunity, protection or limitation of liability enjoyed by the Named Insured.

All other terms, conditions, limitations and exclusions apply and remain unchanged.