



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2014

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).

<b>PRODUCER</b>  <b>Quality 1st Insurance</b> <b>2129 N Main St, Suite A</b> <b>North Logan, UT 84341</b>	<b>CONTACT NAME:</b> Jim A Fleming <b>PHONE (A/C, No, Ext):</b> 435-752-0101 <b>FAX (A/C, No):</b> 435-752-2465 <b>E-MAIL ADDRESS:</b> jim@q1ins.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : <b>Auto Owners</b></td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Auto Owners</b>		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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<b>INSURED</b>  <b>CERTIFIED BACKFLOW TESTERS, LLC</b> <b>2180 E 4500 S</b> <b>STE 185</b> <b>HOLLADAY, UT 84117</b>														

**COVERAGES**

CERTIFICATE NUMBER: 00003790-0

REVISION NUMBER: 1

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	Y		57894358	06/03/2014	06/03/2015	EACH OCCURRENCE \$ <b>1,000,000</b>
	<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						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

City of South Jordan, a municipal corporation and political  
 Subdivision of the State of Utah  
 10996 S Redwood Rd  
 SOUTH JORDAN, UT 84095

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

(JAF)

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WORKERS COMPENSATION FUND

Payment Processing Center
P.O. Box 26488
Salt Lake City, Utah 84126-0488
Toll Free: 800.446.2667
Accounting: 385.351.8030

PREMIUM INVOICE

CERTIFIED BACKFLOW TESTERS
5417 SOUTH IMPERIA WAY
HERRIMAN, UT 84096

PROPOSAL NUMBER
3415834

INVOICE PRINTED
03/18/2015

INVOICE NUMBER
X000010

DUE DATE
03/18/2015

In addition to your WCF policy, you are now eligible for Employment Practices Liability Insurance (EPLI) coverage at affordable rates through Beazley Insurance Company. Included is some detailed information about this important coverage that will cover legal defense and losses up to \$100,000. At this time you have two options:

Option 1: Workers Compensation and EPLI Premium

Workers compensation premium payment \$409.00
EPLI Premium payment (optional coverage) \$40.00

OPTION 1 TOTAL \$449.00

Option 2: Workers Compensation Premium Only

Workers compensation premium payment \$409.00

OPTION 2 TOTAL \$409.00

Coverage will be effective at 12:01 a.m. on the day following receipt of the required initial payment and signed proposal by Workers Compensation Fund.

Payment Options

- 1. Pay online @: www.wcf.com/pinv
OR
2. Check is enclosed (\$20 service charge for returned items.)
Detach coupon and return with your remittance to above address.
Make check payable to: WORKERS COMPENSATION FUND

Proposal Number: 3415834
Invoice Number: X000010

CERTIFIED BACKFLOW TESTERS
5417 SOUTH IMPERIA WAY
HERRIMAN, UT 84096

5130008000000010341583401734715200000409007

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \_\_\_\_\_ \$2.00 , and does not include any charges for the portion of losses covered by the United States government under the Act.

Name of Insurer: WORKERS COMPENSATION FUND  
Policy Number: PROPOSAL



P.O. Box 2259 Sandy, Utah 84091-2259 | 888.864.8268 | univantage.com

<b>INSURANCE PROPOSAL</b>	<b>Proposal No: 33030</b>
<b>INSURED:</b> CERTIFIED BACKFLOW TESTERS 5417 SOUTH IMPERIA WAY HERRIMAN, UT 84096	<b>EFFECTIVE DATE: 03/19/2015 To 03/19/2016</b>

**COMPANY:** Beazley Insurance Company, Inc.  
**COVERAGE:** Employment Practices Liability Insurance (EPLI)  
**LIMIT:** \$100,000.00  
**RETENTION:** \$2,500.00  
**PREMIUM:** \$40.00

It is agreed that the total amount of \$40.00 will be paid in installments according to the following schedule:

	<b>Due Date</b>	<b>Amount</b>
<b>DOWN PAYMENT</b>	03/19/2015	\$40.00

Proposal Prepared: 03/18/2015

**PROPOSAL SUMMARY**

**INSURED: CERTIFIED BACKFLOW TESTERS  
5417 SOUTH IMPERIA WAY  
HERRIMAN, UT 84096**

**COMPANY:**

**PROPOSAL NO:**

**TOTAL DUE:**

**WORKERS COMPENSATION FUND**

**3415834**

**\$409.00**

**It is agreed that the total amount of \$409.00 will be paid in installments according to the following schedule:**

	Due Date:	Amount:
<b>DOWN PAYMENT</b>	<b>03/19/2015</b>	<b>\$409.00</b>
<b>TOTAL:</b>		<b>\$409.00</b>

**Coverage will be in force at 12:01 a.m. on the effective date on page one of this proposal, providing the signed proposal and required down payment have been received prior to this date.**

Estimated premium and all unpaid installments will be adjusted to reflect the final Experience Modification Factor determined by the Rating Bureau(s) upon receipt of that Experience Modification Factor.

Policies cancelled at the insured's request prior to expiration will be subject to short rate cancellation provisions.

This proposal is subject to pending rate changes.

Accepted by: \_\_\_\_\_  
(Signature of Owner, Partner, or Corporate Officer)

Date: \_\_\_\_\_

**Check is enclosed (\$20 service charge for returned items.)**

OR Pay online @ <https://www.wcgroup.com/pinv>

**Proposal Prepared: 03/18/2015**

PRODUCER:  
**BRAD SHORT**  
**(801)476-2402**



P.O. Box 2227 | Main: 385.351.8000  
 Sandy, Utah | Toll Free: 800.446.2667  
 84091-2227

**INSURANCE PROPOSAL**

Proposal No: **3415834**

**INSURED: CERTIFIED BACKFLOW TESTERS**  
**5417 SOUTH IMPERIA WAY**  
**HERRIMAN, UT 84096**

**INSURED IS: Limited Liability Company**  
**EFFECTIVE DATE: 03/19/2015 To 03/19/2016**

Workers Compensation Fund is pleased to provide you with this proposal.

The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans.  
 All information required below is subject to verification and change.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
<b>STATE: UT</b>				
PLUMBING NOT OTHERWISE CLASSIFIED & DRIVERS	5183	10,000	4.07	\$407.00
<b>MANUAL PREMIUM</b>				<b>\$407.00</b>
EMPLOYERS LIABILITY		100/500/100		
<b>TOTAL STANDARD PREMIUM</b>				<b>\$407.00</b>
TERRORISM		10,000	0.01	\$1.00
CATASTROPHE-OTHER THAN CERTIFIED ACTS OF TERRORISM		10,000	0.01	\$1.00
<b>ESTIMATED ANNUAL PREMIUM</b>				<b>\$409.00</b>
<b>Total Due For: UT</b>				<b>\$409.00</b>

Minimum Premium: \$400.00

**Please see Proposal Summary for payment due amount.**

For your protection, Utah law requires the following to appear on this form: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Proposal Prepared: 03/18/2015

Requestor: **BJSHORT**