



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2025

PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
Warren Insurance Corporation 950 Peninsula Corporate Circle Suite 1012 Boca Raton FL 33487		INSURERS AFFORDING COVERAGE	
		NAIC #	
INSURED Independence Title, Inc. Oaktree Plaza Building 4700 West Prospect Rd Ste 115 Corner Unit Ft. Lauderdale FL 33309		INSURER A: The Hanover Atlantic Ins. Co	
		INSURER B: Lloyds of London	
		INSURER C: Western Surety Company	
		INSURER D:	
		INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSR'D TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY	L3D-J590723-02	12/15/2025	12/15/2026	EACH OCCURRENCE	\$ 1,000,000	
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$	
	<input checked="" type="checkbox"/> Professional Liability				PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	\$ 1,000,000	
					PRODUCTS - COMP/OP AGG	\$	
					Retro Date:	12/15/09	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO				BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
	HIRE AUTOS						
	NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT	\$	
					OTHER THAN AUTO ONLY:	EA ACC AGG	\$
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	<input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE				AGGREGATE	\$	
						\$	
	<input type="checkbox"/> DEDUCTIBLE					\$	
	RETENTION \$					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS	OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$	
					E.L. DISEASE - POLICY LIMIT	\$	
B	OTHER Cyber Liability	D3563D250301	08/11/2025	08/11/2026	1,000,000 Occ	\$1,000,000 Agg	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

C) ERISA Bond	71865764	01/24/2025	01/24/2026	\$100,000
C) Title Agency Bond	71868546	10/01/2025	10/01/2026	\$35,000

CERTIFICATE HOLDER

CANCELLATION

A&D Mortgage LLC, ISAOA/ATIMA 1040 S Federal Hwy Hollywood, FL 33020	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE <i>Ram Shau</i> <SS>

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

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INSURED		NAIC #	
Independence Title, Inc. Oaktree Plaza Building 4700 West Prospect Rd Ste 115 Corner Unit Ft. Lauderdale FL 33309		INSURER A: The Hanover Atlantic Ins. Co	
		INSURER B: Lloyds of London	
		INSURER C: Western Surety Company	
		INSURER D:	
		INSURER E:	

COVERAGES

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		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
		<input checked="" type="checkbox"/> Professional Liability				PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$ 1,000,000
						PRODUCTS - COMP/OP AGG \$
						Retro Date: 12/15/09
	AUTOMOBILE LIABILITY	ANY AUTO			COMBINED SINGLE LIMIT (Ea accident) \$	
		ALL OWNED AUTOS			BODILY INJURY (Per person) \$	
		SCHEDULED AUTOS			BODILY INJURY (Per accident) \$	
		Hired AUTOS			PROPERTY DAMAGE (Per accident) \$	
		NON-OWNED AUTOS				
	GARAGE LIABILITY	ANY AUTO			AUTO ONLY - EA ACCIDENT \$	
					OTHER THAN EA ACC \$	
					AUTO ONLY: AGG \$	
	EXCESS / UMBRELLA LIABILITY	OCCUR <input type="checkbox"/> CLAIMS MADE			EACH OCCURRENCE \$	
		<input type="checkbox"/> DEDUCTIBLE			AGGREGATE \$	
		RETENTION \$			\$	
					\$	
					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N			WC STATUTORY LIMITS \$	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>			OTHR- \$	
		(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below			E.L. EACH ACCIDENT \$	
					E.L. DISEASE - EA EMPLOYEE \$	
					E.L. DISEASE - POLICY LIMIT \$	
B	OTHER Cyber Liability	D3563D250301	08/11/2025	08/11/2026	1,000,000 Occ	\$1,000,000 Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

C) ERISA Bond	71865764	01/24/2025	01/24/2026	\$100,000
C) Title Agency Bond	71868546	10/01/2025	10/01/2026	\$35,000

CERTIFICATE HOLDER

CANCELLATION

Old Republic Title Old Republic Insurance Group 600 W Hillsboro Blvd Ste 450 Deerfield Beach, FL 33441	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE  <u>SS</u>

IMPORTANT

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DISCLAIMER

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INSURED		NAIC #	
Independence Title, Inc. Oaktree Plaza Building 4700 West Prospect Rd Ste 115 Corner Unit Ft. Lauderdale FL 33309		INSURER A: The Hanover Atlantic Ins. Co	
		INSURER B: Lloyds of London	
		INSURER C: Western Surety Company	
		INSURER D:	
		INSURER E:	

COVERAGES

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A		GENERAL LIABILITY	L3D-J590723-02	12/15/2025	12/15/2026	EACH OCCURRENCE	\$ 1,000,000	
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$	
		<input checked="" type="checkbox"/> Professional Liability				PERSONAL & ADV INJURY	\$	
						GENERAL AGGREGATE	\$ 1,000,000	
						PRODUCTS - COMP/OP AGG	\$	
						Retro Date:	12/15/09	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO				BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
		HIRE AUTOS						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO				OTHER THAN AUTO ONLY:	EA ACC AGG	\$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
		OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$	
							\$	
		<input checked="" type="checkbox"/> DEDUCTIBLE					\$	
		RETENTION \$					\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS	OTH- ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below						E.L. EACH ACCIDENT	\$	
						E.L. DISEASE - EA EMPLOYEE	\$	
						E.L. DISEASE - POLICY LIMIT	\$	
B OTHER Cyber Liability		D3563D250301	08/11/2025	08/11/2026	1,000,000 Occ	\$1,000,000 Agg		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

C) ERISA Bond	71865764	01/24/2025	01/24/2026	\$100,000
C) Title Agency Bond	71868546	10/01/2025	10/01/2026	\$35,000

CERTIFICATE HOLDER

CANCELLATION

Secure Settlements, Inc. Secure Insight 100 Lanidex Plaza Ste 1201 Parsippany, NJ 07054 Fax: (888)908-6194	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE  <u><SS></u>

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INSURED		NAIC #	
Independence Title, Inc. Oaktree Plaza Building 4700 West Prospect Rd Ste 115 Corner Unit Ft. Lauderdale FL 33309		INSURER A: The Hanover Atlantic Ins. Co	
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COVERAGES

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		<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
		<input checked="" type="checkbox"/> Professional Liability				PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMP/OP AGG	\$
						Retro Date:	12/15/09
	AUTOMOBILE LIABILITY	ANY AUTO			COMBINED SINGLE LIMIT (Ea accident)	\$	
		ALL OWNED AUTOS			BODILY INJURY (Per person)	\$	
		SCHEDULED AUTOS			BODILY INJURY (Per accident)	\$	
		Hired AUTOS			PROPERTY DAMAGE (Per accident)	\$	
		NON-OWNED AUTOS					
	GARAGE LIABILITY	ANY AUTO			AUTO ONLY - EA ACCIDENT	\$	
					OTHER THAN AUTO ONLY:	EA ACC AGG	\$
	EXCESS / UMBRELLA LIABILITY	OCCUR <input type="checkbox"/> CLAIMS MADE			EACH OCCURRENCE	\$	
		<input type="checkbox"/> DEDUCTIBLE			AGGREGATE	\$	
		RETENTION \$				\$	
						\$	
						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below			WC STATU- TORY LIMITS	OTH- ER	
				E.L. EACH ACCIDENT	\$		
				E.L. DISEASE - EA EMPLOYEE	\$		
				E.L. DISEASE - POLICY LIMIT	\$		
B	OTHER Cyber Liability	D3563D250301	08/11/2025	08/11/2026	1,000,000 Occ	\$1,000,000 Agg	

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C) ERISA Bond	71865764	01/24/2025	01/24/2026	\$100,000
C) Title Agency Bond	71868546	10/01/2025	10/01/2026	\$35,000

CERTIFICATE HOLDER

CANCELLATION

State of Florida Dept. of Business and Professional Regulation 1940 W. Monroe Street Tallahassee, FL 32399-0771	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE  <u>Ramon H. Khan</u> <u><SS></u>

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					PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	\$ 1,000,000	
					PRODUCTS - COMP/OP AGG	\$	
					Retro Date:	12/15/09	
COMMERCIAL GENERAL LIABILITY							
<input checked="" type="checkbox"/> X	CLAIMS MADE	<input type="checkbox"/> OCCUR					
x Professional Liability							
GEN'L AGGREGATE LIMIT APPLIES PER:							
<input checked="" type="checkbox"/> X	POLICY	<input type="checkbox"/> PRO- JECT	<input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY							
ANY AUTO							
ALL OWNED AUTOS							
SCHEDULED AUTOS							
HIRED AUTOS							
NON-OWNED AUTOS							
GARAGE LIABILITY							
ANY AUTO							
EXCESS / UMBRELLA LIABILITY							
<input type="checkbox"/> OCCUR		<input type="checkbox"/> CLAIMS MADE					
DEDUCTIBLE							
RETENTION \$							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input checked="" type="checkbox"/> Y / N				WC STATU- TORY LIMITS	OTH- ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		<input type="checkbox"/>				E.L. EACH ACCIDENT	\$
(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below						E.L. DISEASE - EA EMPLOYEE	\$
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OTHER							
B Cyber Liability		D3563D250301	08/11/2025	08/11/2026	1,000,000 Occ	\$ 1,000,000 Agg	

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C) Title Agency Bond	71868546	10/01/2025	10/01/2026	\$35,000

CERTIFICATE HOLDER

CANCELLATION

Universal American Mortgage Company, LLC ISAOA/ATM. 15550 Lighthouse Drive Suite 200 Clearwater, FL 33760	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
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		<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
		<input checked="" type="checkbox"/> Professional Liability				PERSONAL & ADV INJURY	\$
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 1,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$
						Retro Date:	12/15/09
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO				BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
B		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		Hired AUTOS					
		NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
C		DEDUCTIBLE					\$
		RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS	OTH- ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>				E.L. EACH ACCIDENT	\$
		(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER				1,000,000 Occ	\$1,000,000 Agg
		Cyber Liability	D3563D250301	08/11/2025	08/11/2026		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

C) ERISA Bond	71865764	01/24/2025	01/24/2026	\$100,000
C) Title Agency Bond	71868546	10/01/2025	10/01/2026	\$35,000

CERTIFICATE HOLDER

CANCELLATION

Warren Insurance 950 Peninsula Corporate Circle 1012 Boca Raton, FL 33487	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE  <u><SS></u>

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2025

PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
Warren Insurance Corporation 950 Peninsula Corporate Circle Suite 1012 Boca Raton FL 33487		INSURERS AFFORDING COVERAGE	
INSURED		NAIC #	
Independence Title, Inc. Oaktree Plaza Building 4700 West Prospect Rd Ste 115 Corner Unit Ft. Lauderdale FL 33309		INSURER A: The Hanover Atlantic Ins. Co	
		INSURER B: Lloyds of London	
		INSURER C: Western Surety Company	
		INSURER D:	
		INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSR'D	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY	L3D-J590723-02	12/15/2025	12/15/2026	EACH OCCURRENCE \$ 1,000,000
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
		<input checked="" type="checkbox"/> Professional Liability				PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$ 1,000,000
						PRODUCTS - COMP/OP AGG \$
						Retro Date: 12/15/09
	AUTOMOBILE LIABILITY	ANY AUTO			COMBINED SINGLE LIMIT (Ea accident) \$	
		ALL OWNED AUTOS			BODILY INJURY (Per person) \$	
		SCHEDULED AUTOS			BODILY INJURY (Per accident) \$	
		Hired AUTOS			PROPERTY DAMAGE (Per accident) \$	
		NON-OWNED AUTOS				
	GARAGE LIABILITY	ANY AUTO			AUTO ONLY - EA ACCIDENT \$	
					OTHER THAN EA ACC \$	
					AUTO ONLY: AGG \$	
	EXCESS / UMBRELLA LIABILITY	OCCUR <input type="checkbox"/> CLAIMS MADE			EACH OCCURRENCE \$	
		<input type="checkbox"/> DEDUCTIBLE			AGGREGATE \$	
		RETENTION \$			\$	
					\$	
					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N			WC STATUTORY LIMITS \$	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>			OTHR- \$	
		(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below			E.L. EACH ACCIDENT \$	
					E.L. DISEASE - EA EMPLOYEE \$	
					E.L. DISEASE - POLICY LIMIT \$	
B	OTHER Cyber Liability	D3563D250301	08/11/2025	08/11/2026	1,000,000 Occ \$1,000,000 Agg	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

C) ERISA Bond	71865764	01/24/2025	01/24/2026	\$100,000
C) Title Agency Bond	71868546	10/01/2025	10/01/2026	\$35,000

CERTIFICATE HOLDER

CANCELLATION

Westcor Land Title Insurance Company 201 North New York Ave Ste 200 Winter Park, FL 32789	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE  <u><SS></u>

IMPORTANT

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