



CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY)
12/16/2013

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).

PRODUCER	CONTACT NAME: Nancy Walker
American Insurance Professionals, LLC	PHONE: (602) 424-3351
4545 E. Shea Blvd.	FAX: (602) 424-3353
Suite 130	E-MAIL: nwalker@aminspro.com
Phoenix AZ 85028	INSURER(S) AFFORDING COVERAGE
INSURED	INSURER A: Starr Surplus Lines Insurance NAIC # 13604
Pacific Coast Title Company	INSURER B:
4637 Chabot Drive	INSURER C:
Suite 105	INSURER D:
Pleasanton CA 94588	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 2014-2015

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 INSR LTR	POLICY NUMBER	POLICY EFF (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Errors & Omissions Retro Date: 1/1/2011 GENT AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		SLSLPR026226114	1/1/2014	1/1/2015	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 \$ 100,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					
	UMBRELLA LIAB EXCESS LIAB DED RETENTIONS					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS \$ OTH-ER \$ 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)
The insurance afforded by this policy applies solely to wrongful acts in the insured's performance of professional services for others for a fee as Title Agent, Abstract/Searcher and Escrow/Closing

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance Coverage

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

Nancy Walker/LAURA

Nancy Walker

ACORD 25 (2010/05)

INS025 (201005/01)

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American Insurance Professionals, LLC	PHONE: (602) 424-3351
4545 E. Shea Blvd.	FAX: (602) 424-3353
Suite 130	E-MAIL: nwalker@aminspro.com
Phoenix AZ 85028	ADDRESS: nwalker@aminspro.com
INSURED	INSURER(S) AFFORDING COVERAGE
Pacific Coast Title Company	INSURER A: Start Surplus Lines Insurance NAIC # 13604
20630 Patio Drive	INSURER B:
Castro Valley CA 94546	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 2014-15

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	ADD'L SUBR INSR LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Errors & Omissions <input checked="" type="checkbox"/> Retro Date: 1/1/2011 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		SUSLPR026226114	1/1/2014	1/1/2015	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 - COMPOF AGG \$ DEDUCTIBLE \$ 100,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ MG STATUS TORT LIMITS \$ EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS					
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe limit/coverage DESCRIPTION OF OPERATIONS below					

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

CANCELLATION

Evidence of Insurance Coverage

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

Nancy Walker/NANCY

Nancy Walker

ACORD 25 (2010/05)

INS025 (201005).01

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4545 E. Shea Blvd.	FAX (A/C No.): (602) 424-3353
Suite 130	E-MAIL: nwalker@aminspro.com
Phoenix AZ 85028	INSURER(S) AFFORDING COVERAGE
INSURED	INSURER A: Starr Surplus Lines Insurance NAIC # 13604
Pacific Coast Title Company	INSURER B:
1990 N California Boulevard	INSURER C:
Suite 21	INSURER D:
Walnut Creek CA 94596	INSURER E:
	INSURER F:

COVERAGES

REVISION NUMBER:

CERTIFICATE NUMBER: 2014-2015

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A	GENERAL LIABILITY					
	COMMERCIAL GENERAL LIABILITY					
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		SLSLPRO26226114	1/1/2014	1/1/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (See occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ DEDUCTIBLE \$ 100,000 COMBINED SINGLE LIMIT (See accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	<input checked="" type="checkbox"/> Retro Date: 1/1/2011					
	AUTOMOBILE LIABILITY					
	ANY AUTO					
	ALL OWNED AUTOS					
	HIRED AUTOS					
	UMBRELLA LIAB					
	EXCESS LIAB					
	DED					
	RETENTION \$					
	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 <input type="checkbox"/> N/A					

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

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Suite 130	E-MAIL: nwalker@aminspro.com
Phoenix	INSURER(S) AFFORDING COVERAGE
INSURED	INSURER A: Stair Surplus Lines Insurance
Pacific Coast Title Company	INSURER B:
1111 E. Katella Avenue	INSURER C:
Suite 120	INSURER D:
Orange	INSURER E:
	INSURER F:
	NAIC # 13604

COVERAGES CERTIFICATE NUMBER: 2014-2015

REVISION NUMBER:

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A	GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY	SLSPR026226114	1/1/2014	1/1/2015	EACH OCCURRENCE \$ 2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GENERAL AGGREGATE LIMIT APPLIES PER:	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/POP AGG \$
						Deductible \$ 100,000
						COMBINED SINGLE LIMIT (Ea accident) \$
	AUTOMOBILE LIABILITY	ANY AUTO ALL OWNED AUTOS HIRED AUTOS				BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE				EACH OCCURRENCE \$
						AGGREGATE \$
						WC STATUTORY LIMITS \$
						OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH)	Y/N			EL EACH ACCIDENT \$
						EL DISEASE - EA EMPLOYEE \$
						EL DISEASE - POLICY LIMIT \$
						\$

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Suite 130	E-MAIL: nwalker@aminspro.com
Phoenix	INSURER(S) AFFORDING COVERAGE
AZ 85028	INSURER A: Stair Surplus Lines Insurance
INSURED	INSURER B:
Pacific Coast Title Company	INSURER C:
200 W Glenoaks Blvd	INSURER D:
Suite 100	INSURER E:
Glendale	INSURER F:
CA 91202	NAIC # 13604

COVERAGES CERTIFICATE NUMBER: 2014-2015

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A	COMMERCIAL GENERAL LIABILITY					
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					
	<input checked="" type="checkbox"/> Errors & Omissions					
	<input checked="" type="checkbox"/> Retro Date: 1/1/2011					
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
AUTOMOBILE LIABILITY						
	ANY AUTO					
	ALL OWNED AUTOS					
	HIRER AUTOS					
	SCHEDULED AUTOS					
	UNOWNED AUTOS					
	UMBRELLA LIAB					
	EXCESS LIAB					
	DED					
	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					
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Suite 130	E-MAIL: nwalker@aminspro.com
Phoenix AZ 85028	ADDRESS: nwalker@aminspro.com
INSURED	INSURER(S) AFFORDING COVERAGE
Pacific Coast Title Company	INSURER A: Starr Surplus Lines Insurance NAC # 13604
1000 Town Center Drive	INSURER B:
Suite 300	INSURER C:
Oxnard CA 93036	INSURER D:
	INSURER E:
	INSURER F:

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	<input checked="" type="checkbox"/> Errors & Omissions					
	RETRO Date: 1/1/2011					
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					
	ANY AUTO					
	ALL OWNED AUTOS					
	SCHEDULED AUTOS					
	NON-OWNED AUTOS					
	HIRED AUTOS					
	UMBRELLA LIAB					
	EXCESS LIAB					
	OCCUR CLAIMS-MADE					
	DED RETENTION \$					
	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					

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

Nancy Walker

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12/16/2013

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).

PRODUCER	CONTACT NAME: Nancy Walker
American Insurance Professionals, LLC	PHONE: (602) 424-3351
4545 E. Shea Blvd.	FAX: (602) 424-3353
Suite 130	E-MAIL: nwalker@aminspro.com
Phoenix AZ 85028	INSURER(S) AFFORDING COVERAGE
	INSURER A: Starr Surplus Lines Insurance NAIC # 13604
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

REVISION NUMBER:

CERTIFICATE NUMBER: 2014-2015

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	ADDITIONAL SUBR INSR LTR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY				
	COMMERCIAL GENERAL LIABILITY				
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR				
	<input checked="" type="checkbox"/> Errors & Omissions				
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				
	ANY AUTO				
	ALL OWNED AUTOS				
	SCHEDULED AUTOS				
	HIRING AUTOS				
	UMBRELLA LIAB				
	EXCESS LIAB				
	DED RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)				
	DESCRIPTION OF OPERATIONS below				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 107, Additional Remarks Schedule, if more space is required)
The insurance afforded by this policy applies solely to wrongful acts in the insured's performance of professional services for others for a fee as Title Agent, Abstract/Searcher and Escrow/Closing

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance Coverage

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

Nancy Walker/LAURA

Nancy Walker

ACORD 25 (2010/05)

INS025 (201005)/01

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