



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/22/2015

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 (A/C No. Excl): (602) 424-3351
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 Co NAIC # 13604
Pacific Coast Title Company	INSURER B: Lloyd's of London
4637 Chabot Drive	INSURER C:
Suite 105	INSURER D:
Pleasanton CA 94546	INSURER E:
	INSURER F:

## COVERAGES

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	ADDITIONAL SUBR INSD. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
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"/> PRO <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY					
	ANY AUTO					
	ALL OWNED AUTOS					
	Hired Autos					
	SCHEDULED AUTOS					
	NON-OWNED AUTOS					
	UMBRELLA LIAB					
	EXCESS LIAB					
	OCCUR					
	CLAIMS-MADE					
	DED					
	RETENTION \$					
	WORKERS COMPENSATION					
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					
	Y/N					
	DESCRIPTION OF OPERATIONS below					
	Cyber & Privacy Liability		ESB02163746	1/1/2016	1/1/2017	\$1,000,000 \$10,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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, Abstractor/Searcher and Escrow/Closing Agent

## 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/ERIKA

ACORD 25 (2014/01)  
INS025 (201401)

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Suite 130	E-MAIL: nwalker@aminspro.com
Phoenix AZ 85028	INSURER(S) AFFORDING COVERAGE
INSURED	INSURER A: Starr Surplus Lines Insurance Co 13604
Pacific Coast Title Company	INSURER B: Lloyds of London
20630 Patio Drive	INSURER C:
Castro Valley CA 94546	INSURER D:
	INSURER E:
	INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 2016 - 2017

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INSR. LTR.	TYPE OF INSURANCE	ADD'L SUBR. (INSD.)	W/D.	POLICY NUMBER	POLICY EFF. (MMDDYYYY)	POLICY EXP. (MMDDYYYY)	LIMITS
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"/> PRO. <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						
	ANY AUTO						
	ALL OWNED AUTOS						
	SCHEDULED AUTOS						
	NON-OWNED AUTOS						
	HIRE 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 in detail						
	DESCRIPTION OF OPERATIONS below						
B	Cyber & Privacy Liability			ES202163746	1/1/2016	1/1/2017	\$1,000,000
							\$10,000

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

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Phoenix	INSURER(S) AFFORDING COVERAGE
AZ 85028	INSURER A: Starr Surplus Lines Insurance Co NAIC # 13604
INSURED	INSURER B: Lloyds of London
Pacific Coast Title Company	INSURER C:
600 San Ramon Blvd.	INSURER D:
Suite 101	INSURER E:
Danville	INSURER F:
CA 94526	

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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"/> PRO. <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					
	<input type="checkbox"/> ALL OWNED AUTOS					
	<input type="checkbox"/> SCHEDULED AUTOS					
	<input type="checkbox"/> HIRED AUTOS					
	UMBRELLA LIAB					
	<input type="checkbox"/> EXCESS LIAB					
	<input type="checkbox"/> OCCUR					
	<input type="checkbox"/> CLAIMS-MADE					
	DED. <input type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION					
	AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	N/A				
B	Cyber & Privacy Liability		ESR02163746	1/1/2015	1/1/2017	
	DESCRIPTION OF OPERATIONS below					
	PER POLICY TERMS					\$1,000,000
	DEDUCTIBLE					\$10,000
	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea. occurrence)					\$ 2,000,000
	MED EXP (any one person)					\$
	PERSONAL & ADV INJURY					\$
	GENERAL AGGREGATE					\$ 2,000,000
	PRODUCTS - COM/POP AGG deductible					\$
	COMBINED SINGLE LIMIT (Ea. accident)					\$ 100,000
	BODILY INJURY (Per person)					\$
	BODILY INJURY (Per accident)					\$
	PROPERTY DAMAGE (Per accident)					\$
	EACH OCCURRENCE					\$
	AGGREGATE					\$
	PER STATUTE					\$
	OTHER					\$
	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)

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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/ERTKA

ACORD 25 (2014/01)  
INS025 (201401)

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**COVERAGES**

## COVERAGES

**CERTIFICATE NUMBER: 2016 - 2017**

**REVISION NUMBER:**

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					
A	<input checked="" type="checkbox"/> Errors & Omissions		SLSLR02622261116	1/1/2016	1/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Eg. occurrence)
	<input checked="" type="checkbox"/> Retro Date 1/1/2011					MED EXP (Any one person)
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE
	OTHER:					PRODUCTS - COMP/OP AGG deductible

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**AUTHORIZED REPRESENTATIVE**

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ACORD 25 (2014/01)

**INS025 (201401)**



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American Insurance Professionals, LLC		PHONE (A/C No. Ext.)	(602) 424-3351
4545 E. Shea Blvd.		FAX (A/C No.)	(602) 424-3353
Suite 130		E-MAIL ADDRESS:	nwalker@ainpro.com
Phoenix		INSURER(S) AFFORDING COVERAGE	
AZ 85028		INSURER A: Starr Surplus Lines Insurance Co	NAIC # 13604
INSURED		INSURER B: Lloyd's of London	
Pacific Coast Title Company		INSURER C:	
200 W. Glenoaks Blvd.		INSURER D:	
Suite 100		INSURER E:	
Glendale		INSURER F:	
CA 91202			

## COVERAGES

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A	COMMERCIAL GENERAL LIABILITY					
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	<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					
	OTHER:					
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS					
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					
	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					
	DESCRIPTION OF OPERATIONS below					
	Cyber & Privacy Liability					
	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)					\$ 2,000,000
	AMED EXP (Any one person)					\$
	PERSONAL & ADV INJURY					\$
	GENERAL AGGREGATE					\$ 2,000,000
	PRODUCTS - COMPIOP AGG deductible					\$
	COMBINED SINGLE LIMIT (Ea accident)					\$ 100,000
	BODILY INJURY (Per person)					\$
	BODILY INJURY (Per accident)					\$
	PROPERTY DAMAGE (Per accident)					\$
						\$
	EACH OCCURRENCE					\$
	AGGREGATE					\$
						\$
	PER STATUTE					\$
	OTH-ER					\$
	E.L. EACH ACCIDENT					\$
	E.L. DISEASE - EA EMPLOYEE					\$
	E.L. DISEASE - POLICY LIMIT					\$
	PER POLICY TERMS					\$1,000,000
	DEDUCTIBLE					\$10,000

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## CERTIFICATE HOLDER

## CANCELLATION

### Evidence of Insurance Coverage

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AUTHORIZED REPRESENTATIVE

*Nancy Walker*  
Nancy Walker/ERIKA





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Phoenix	INSURER(S) AFFORDING COVERAGE
INSURED	INSURER A: Starr Surplus Lines Insurance Co
Pacific Coast Title Company	INSURER B: Lloyd's of London
1000 Town Center Dr, Ste 300	INSURER C:
Oxnard	INSURER D:
CA 93036	INSURER E:
	INSURER F:

### COVERAGES

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	<input checked="" type="checkbox"/> CLAIMS-MADE					
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	<input checked="" type="checkbox"/> Retro Date 1/1/2011					
	GEN'L AGGREGATE LIMIT APPLIES PER:					
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	ANY AUTO					
	ALL OWNED AUTOS					
	SCHEDULED AUTOS					
	NON-OWNED AUTOS					
	HIRED AUTOS					
	UMBRELLA LIAB					
	EXCESS LIAB					
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					
	Y/N					
	N/A					
	If yes, describe under DESCRIPTION OF OPERATIONS below					
B	Cyber & Privacy Liability		ESE02163746	1/1/2016	1/1/2017	
	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)			1/1/2016	1/1/2017	\$ 2,000,000
	MED EXP (Any one person)					\$
	PERSONAL & ADV INJURY					\$
	GENERAL AGGREGATE					\$ 2,000,000
	PRODUCTS - COMPOD AGG deductible					\$
	COMBINED SINGLE LIMIT (Ea accident)					\$ 100,000
	BODILY INJURY (Per person)					\$
	BODILY INJURY (Per accident)					\$
	PROPERTY DAMAGE (Per accident)					\$
	EACH OCCURRENCE					\$
	AGGREGATE					\$
	PER STATUTE					\$
	OTHER					\$
	E.L. EACH ACCIDENT					\$
	E.L. DISEASE - EA EMPLOYEE					\$
	E.L. DISEASE - POLICY LIMIT					\$
	PER POLICY TERMS					\$1,000,000
	DEDUCTIBLE					\$10,000

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Pacific Coast Title Company	INSURER A: Starr Surplus Lines Insurance Co
2945 Townsgate Road	INSURER B: Lloyd's of London
Suite 200	INSURER C:
Westlake Village CA 91361	INSURER D:
	INSURER E:
	INSURER F:

## COVERAGES

REVISION NUMBER:

CERTIFICATE NUMBER: 2016 -2017

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					
	<input 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 <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY					
	ANY AUTO					
	ALL OWNED AUTOS					
	HIRE AUTOS					
	SCHEDULED AUTOS					
	NON-OWNED AUTOS					
	UMBRELLA LIAB					
	EXCESS LIAB					
	DED. RETENTION \$					
	WORKERS COMPENSATION					
	ANY EMPLOYER'S LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY)					
	If yes, describe under DESCRIPTION OF OPERATIONS below					
B	Cyber & Privacy Liability		RS02163746	1/1/2016	1/1/2017	
	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					\$
	COMBINED SINGLE LIMIT (Ea accident)					\$ 1,000,000
	BODILY INJURY (Per person)					\$
	BODILY INJURY (Per accident)					\$
	PROPERTY DAMAGE (Per accident)					\$
	EACH OCCURRENCE					\$
	AGGREGATE					\$
	PER STATUTE					\$
	OTHER					\$
	E.L. EACH ACCIDENT					\$
	E.L. DISEASE - EA EMPLOYEE					\$
	E.L. DISEASE - POLICY LIMIT					\$
	PER POLICY TERMS					\$1,000,000
	DEDUCTIBLE					\$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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, Abstractor/Searcher and Escrow/Closing Agent

## 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/ERIKA

ACORD 25 (2014/01)

INS025 (201401)

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