



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/10/2014

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.

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PRODUCER	CONTACT NAME: Nancy Walker
American Insurance Professionals, LLC	PHONE: (602) 424-3351
4545 E. Shea Blvd.	FAX: (602) 424-3353
Suite 130	AG No. Exp: 1/1/2015
Phoenix AZ 85028	ADDRESS: nwalker@aminspro.com
INSURED	INSURER(S) AFFORDING COVERAGE
Pacific Coast Title Company	INSURER A: Stair Surplus Lines Insurance
1990 N California Boulevard	INSURER B:
Suite 21	INSURER C:
Walnut Creek CA 94596	INSURER D:
	INSURER E:
	INSURER F:
	NAIC # 13604

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 INSURER	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		SLSLPRO26226115	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> Errors & Omissions					DAMAGE TO RENTED PREMISES (Ea 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 \$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMPIOP AGG \$
	ANY AUTO					DEDUCTIBLE \$ 100,000
	ALL OWNED AUTOS					COMBINED SINGLE LIMIT \$
	SCHEDULED AUTOS					BODILY INJURY (Ea accident) \$
	NON-OWNED AUTOS					BODILY INJURY (Per person) \$
	HIRED AUTOS					BODILY INJURY (Per accident) \$
	UMBRELLA LIAB					PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB					EACH OCCURRENCE \$
	RETENTION \$					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH)	N/A				WC STATUTORY LIMITS
	DESCRIPTION OF OPERATIONS below					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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PRODUCER	CONTACT NAME: Nancy L. Walker
American Insurance Professionals, LLC	PHONE (602) 424-3351
4545 E. Shea Blvd.	FAX (602) 424-3353
Suite 130	EMAIL: nwalker@aminspro.com
Phoenix	INSURER(S) AFFORDING COVERAGE
INSURED	INSURER A: Starr Surplus Lines Insurance
Pacific Coast Title Company	INSURER B:
20630 Ratio Drive	INSURER C:
CA 94546	INSURER D:
	INSURER E:
	INSURER F:
	NAIC # 13604

COVERAGES

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A	GENERAL LIABILITY					
	COMMERCIAL GENERAL LIABILITY					
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		SI5LPRO26226115	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> Errors & Omissions					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	RETRO Date: 1/1/2011					MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$
<input checked="" type="checkbox"/>	POLICY	PROJECT				GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$
	ANY AUTO					Deductible \$ 100,000
	ALL OWNED AUTOS					COMBINED SINGLE LIMIT \$
	SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	NONOWNED AUTOS					BODILY INJURY (Per accident) \$
	HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED	RETENTION \$				
	WORKERS COMPENSATION					
	ANY EMPLOYER'S LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	N/A				
	DESCRIPTION OF OPERATIONS below					

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

Evidence of Insurance Coverage

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AUTHORIZED REPRESENTATIVE

Nancy Walker/LAURA

Nancy Walker

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4545 E. Shea Blvd.	E-MAIL: nwalker@aminspro.com	
Suite 130	ADDRESS:	
Phoenix AZ 85028	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A: Starr Surplus Lines Insurance	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: 2015-2016

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A	GENERAL LIABILITY					
	COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					
	<input checked="" type="checkbox"/> Errors & Omissions					
	GEN'L 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					
	HIRED 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 NH)					
	If yes, describe under DESCRIPTION OF OPERATIONS below					
	EACH OCCURRENCE					
	AGGREGATE					
	WC STATUTORY LIMITS					
	OTH-ER					
	EL. EACH ACCIDENT					
	EL. DISEASE - EA EMPLOYEE					
	EL. DISEASE - POLICY LIMIT					

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AUTHORIZED REPRESENTATIVE

Nancy Walker/LAURA

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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:

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	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		SLSLPRO26226115	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 2,000,000
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	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG. \$
	ANY AUTO					DEDUCTIBLE \$ 100,000
	ALL OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
	HIRED AUTOS					BODILY INJURY (Per person) \$
	SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED RETENTION \$					WC STATUTORY LIMITS \$
	WORKERS COMPENSATION					OTH-ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	Y/N <input type="checkbox"/> N/A					E.L. DISEASE - EA EMPLOYEE \$
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$

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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/LAURA <i>Nancy Walker</i>



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Suite 130	EMAIL: nwalker@aminspro.com
Phoenix	INSURER(S) AFFORDING COVERAGE
INSURED	INSURER A: Starr Surplus Lines Insurance
Pacific Coast Title Company	INSURER B:
200 W Glenc Oaks Blvd	INSURER C:
Suite 100	INSURER D:
Glendale	INSURER E:
CA 91202	INSURER F:
	NAIC # 13604

COVERAGES CERTIFICATE NUMBER: 2015-2016

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION RIGHTS	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (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"/> PROJECT <input type="checkbox"/> LOC		SLSLPRO26226115	1/1/2015	1/1/2016	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 \$ WC STATUS: <input type="checkbox"/> WORKERS COMPENSATION E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) yes, describe under DESCRIPTION OF OPERATIONS below					

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PRODUCER American Insurance Professionals, LLC 4545 E. Shea Blvd. Suite 130 Phoenix AZ 85028	CONTACT NAME: Nancy Walker PHONE (602) 424-3351 FAX (602) 424-3353 E-MAIL: nwalker@aminspro.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Starr Surplus Lines Insurance 13604 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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A	GENERAL LIABILITY						
	COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						
	Errors & Omissions						
	Retrospective Date: 1/1/2011						
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						
	AUTOMOBILE LIABILITY						
	ANY AUTO						
	ALL OWNED AUTOS						
	SCHEDULED AUTOS						
	NON-OWNED AUTOS						
	HIRED AUTOS						
	UMBRELLA LIAB						
	EXCESS LIAB						
	RETENTION \$						
	WORKERS COMPENSATION						
	AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						
	(Mandatory in NH)						
	DESCRIPTION OF OPERATIONS below						

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