

## OF LIABILITY INSURANCE

12/16/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE 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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| CONTACT NABLES WAITER

MAIC# 13604 FAX (AIC, No): (602):424-3353 NSURERA: Starr Surplus Lines Insurance INSURER(S) AFFORDING COVERAGE PHONE E.Mal. E.Mal. ADDRESS, nwalker@aminapro.com CONTACT Nancy Walker MSURER B INSURER C: INSURER D : INSURER E INSURER F LLC Professionals, 94588 85028 Company 32 S. Title Insurance 4545 E. Shea Blvd. Drive Pacific Coast 4637 Chabot Pleasanton 105 Suite 130 American Phoenix Suite INSURED

COVERAGES

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 PERION. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

_	ACLUSIONS AND CONDITIONS OF SUCH	POLICIES	. LIMITS SHOWN MAY HAVE BEEN	REDUCED BY	PAID CLAIMS		•
	TYPE OF INSURANCE	ADDL SUBR	R POLICY NUMBER	MINIONALICY EXP	POLICY EXP	SLIMIT	
	GENERAL LIABILITY				i i i i i i i i i i i i i i i i i i i	6.0	2,000,000
	COMMERCIAL GENERAL LIABILITY					(0000	
⋖			S1S1PR026226114	1/1/2014	1/1/2015	1-	
	X Errors & Omissions					PERSONAL & ADV INJURY \$	
	X Retro Date: 1/1/2011					GENERAL AGGREGATE \$ 2,00	2,000,000
	VI. AGGREGATI	-				PRODUCTS - COMPOP AGG   \$	
$\perp$	X POLICY   FECT   LOC	-				DEDUCTIBLE \$ 1.0	100,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (S. accident)	
						BODILY INJURY (Per person)   \$	
	AUTOS					BODILY INJURY (Per accident) \$	
	HIRED AUTOS AUTOS					PROPERTY DAMAGE \$	
┸		_				49	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	
	EXCESS L/AB CLAIMS-MADE						
	DED RETENTIONS	•					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU. OTH-	
	PARTNERVEXECUTIVE   EXCLUDED?	X/A				E.L. EACH ACCIDENT	
	(Mandatory in NH)	-				EL. DISEASE - EA EMPLOYER \$	
$\perp$	DESCRIPTION OF OPERATIONS below	-				E.L. DISEASE - POLICY LIMIT S	•
***************************************							
							· ;
	DESCRIPTION OF OPERATIONS/LOGATIONS/VEHICLES (Attach ACORD 10), Additional Remarks Schedule, if more space is required)  The statement and the insured by this politicy applies solely to wrongful acts in the insured's performance of Differentians and the services for Athana	S (Attach	ACORD 101, Additional Remarks Schedule Cy applies solely to wx	ongful ac	required)	e insured's performance of	
4	CITETATOR DOLYTON TOL COMBIN TOL S 166 25	) 1 1	r a ree as title Agent,	, Abstract	/Searche	The Agent, Abstract/Searcher and Escrow/Closing	

CERTIFICATE HOLDER

CANCELLATION

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

Coverage

Insurance

O.

Evidence

Nancy Walker/LAURA

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ACORD 25 (2010/05) INS025 (201005),01



# OF LABILITY INSURANCE CHATTO

DATE (MINIDDIMYYY) 12/16/2013

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cerdificate holder in lieu of such endorsement(s)	uch endorsement(s).			)
PRODUCER		CONTACT Nancy L. Walker		***************************************
American Insurance Professionals, LLC	Professionals, LLC	PHONE (602) 424-3351	FAX (A.C. No): (602) 424-3353	4-3353
4545 E. Shea Blvd.		E-MAIL ADDRESS, nwalker@aminspro.com		
Suite 130		INSURER(S) AFFORDING COVERAGE		NAIC#
Phoenix	AZ 85028	INSURERA Starr Surplus Lines Insurance	urance	13504
INSURED		INSURER B.		
Pacific Coast Title Company	Company	INSURER C:		
20630 Patio Drive		INSURER D :		
		INSURER E :		
Castro Valley	CA 94546	INSURER F :		
				**************************************

OVERAGES

CERTIFICATE NUMBER: 2014-15

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.

OLICY EFF POLICY EXP   LIMITS   LIMITS	1/2014 1/1/2015 EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED	COMBINED SINGLE LIMIT \$  (Ea accident) BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE \$  (Per accident) \$	EACH OCCURRENCE \$ AGGREGATE \$	EL EACH ACCIDENT \$  EL DISEASE - EA EMPLOYEE \$  EL DISEASE - POLICY LIMIT \$	1
POLICY NUMBER	SLSLPR026226114 1/				
ADDLS				N/A	
INSR TYPE OF INSURANCE	CENERAL LABILITY  COMMERCIAL GENERAL LIABILITY  X CLARAS-MADE OCCUR  X BITOTE & OMISSIONS  X RALICO DATE: 1/1/2011  GENI AGGREGAFE LIMIT APPLIES PER:  X POLICY FOR	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS HIRED AUTOS AUTOS AUTOS	* ×	N Y REXECUTIVE ED? GNS below	
	TYPE OF INSURANCE ADDL SUBR POLICY NUMBER RAMIDDITYTY)	COMMERCIAL LIMINITY   COMMERCIAL COMPINITY   COMMERCIAL LIMINITY   COMMERCIAL LIMINITY   COMMINITY   C	STATE OF INSURANCE   AUDI. SUBR.   POLICY NUMBER   POLICY EXP   POLICY EXP   IMMIDDAYYYO   CAMBIDDAYYYO   CAM	Commercial ceneral Lability   Commercial ceneral	COMMERCIAL GENERAL LIABILITY   SLSLPROZ6226114   L/L/2014   L/L/

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, Abstractor/Searcher and Escrow/Closing Agent

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Nascot & Letter Charles
	Wancy walker/nancy
ACOBD 25 (2010/05)	

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INS025 (201005),01

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PRODUCER	CONTACT Nancy Walker		
American Insurance Professionals, LLC	PHONE (602) 424-3351	FAX (602) 424-3353	4-3353
4545 E. Shea Blvd.	E-MAN. ADDRESS: nwalker@aminspro.com		
Suite 130	INSURER(S) AFFORDING COVERAGE	ERAGE	NAIC#
Phoenix AZ 85028	MSURERA Starr Surplus Lines Insurance	Insurance	13604
INSURED	INSURER B.		
Pacific Coast Title Company	INSURER C		
1990 N California Boulevard	INSURER D:		
Suite 21	INSURER E:		
Walnut Creek CA 94596	INSURER F :		

2,000,000 2,000,000 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 CLAINS.

TYPE OF INSURANCE ADDITIONS OF SUCH POLICY SHOWN MAY HAVE BEEN REDUCED BY PAID CLAINS.

INSTRUMENT ADDITIONS OF SUCH POLICY NUMBER INMEDIATYON (MINIDDIATYON) (MINIDDIATYON) 49 69 w PRODUCTS - COMPIOP AGG EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA OCCURACE) MED EXP (Any are person) PERSONAL & ADV INJURY GENERAL AGGREGATE 1/1/2015 1/1/2014 SLSLPR026226114 GEN'L AGGREGATE LIMIT APPLIES PER:

X POLICY PRO- LOC LOC OCCUR COMMERCIAL GENERAL LIABILITY Retro Date: 1/1/2011 Errors & Omissions X CLAIMS-MADE GENERAL LIABILITY COVERAGES × rQ.

100,000

\$

1/7 49 €9

PROPERTY DAMAGE (Per accident)

SCHEDULED AUTOS NON-OWNED AUTOS

HIRED AUTOS

ANY AUTO ALL OWNED AUTOS

X POLICY PRO AUTOMOBILE LIABILITY

CLAIMS-M

OCCUR

UMBRELLA LIAB

**EXCESS LIAB** 

EACH OCCURRENCE

AGGREGATE

WC STATU-TORY LIMITS

BODILY INJURY (Per accident)

BODILY INJURY (Per person)

DEDUCTIBLE
COMBINED SINGLE LIMIT
(Fa accident)

Ö insured's performance and Escrow/Closing E.L. DISEASE - EA EMPLOYER E.L. DISEASE - POLICY LIMIT E.L. EACH ACCIDENT 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 professional services for others for a fee as Title Agent, Abstract/Searcher MIA WORKERS COMPENSATION &
WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
AND PROPRIETORY LIABILITY
OFFICEPOMENBER EXCLUEDO?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below

CANCELLATION CERTIFICATE HOLDER

Coverage	
Insurance	
44	
Bvidence	

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

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#### LIABILIY INSURANCE

12/16/2013

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PRODUCER	CONTACT Nancy Walker		
American Insurance Professionals, LLC	151	FAX (602) 424-3353	4-3353
4545 E. Shea Blvd.	o.com		
Surte 130	INSURER(S) AFFORDING COVERAGE		NAIC#
Phoenix AZ 85028	INSURER A: Starr Surplus Lines Insurance	ance	13604
NSURED	NSURER B :		
Pacific Coast Title Company	NSCRER C:		
600 San Ramon Valley Blvd.	INSURER D:		
Suite 101	INSURER E :		
Danville CA 94526	INSURER F :		
	THE RESIDENCE THE PROPERTY OF		

COVERAGES

CERTIFICATE NUMBER: 2014-2015

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DITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  RANCE ROLLOY EFF POLICY EXP	Haurance		OCCUR   SLSIPRO26226114 1/1/2014 1/1/2015	saions	Date: 1/1/2011 \$ 2,000,000	GATE LIMIT APPLIES PER.		LIABILITY COMBINED SINGLE LIMIT S		NED SCHEDULED AUTOS BODILY INJURY (Per aciddent) \$		9	LA LIAB OCCUR \$	LIAB CLAMS-MADE \$	RETENTIONS	WCSTATU OTHERSTON CERS LIABILITY COTH	N/A		K.L. DISEASE - POLICY LIMIT \$	
EXCLUSIONS AND CONDITIONS INSR   TYPE OF INSTRUCE		GENERAL LIABILITY	A X CLAIMS-MADE CO	Errors & Ont	X Retro Date: 1/1/2	GATE LIMIT	X POLICY RECT	AUTOMOBILE LIABILITY	ANY AUTO		HIRED AUTOS AUTO		<b>1</b>	EXCESS LIAB	DED RETENTION\$	AND EMPLOYERS' LIABILITY	ANY PROPRIETOR/PARTNER/EXECUTIVE	(Mandatory in NH)	DESCRIPTION OF OPERATIONS DE	_

ö the insured's performance and Escrow/Closing DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, fimone space is required)
The insurance afforded by this policy applies solely to wrongful acts in the professional services for others for a fee as Title Agent, Abstract/Searcher

CANCELLATION	SHOULD ANY OF THE ABOVE THE EXPIRATION DATE THE ACCORDANCE WITH THE POLL	AUTHORIZED REPRESENTATIVE	Nancy Walker/LAIRA
	Coverage		
	Evidence of Insurance Coverage		
N.	o f		
CERTIFICATE HOLDER	Evidence		

DESCRIBED POLICIES BE CANCELLED BEFORE FIREOF, NOTICE WILL BE DELIVERED IN ICY PROVISIONS.

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ACORD 25 (2010/05) INS025 (201005),01



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4545 E. Shea Blvd.	0.COM		
Suite 130	INSURERS) AFFORDING COVERAGE		NAIC#
Phoenix AZ 85028	NSURERA: Starr Surplus Lines Insurance	urance	13604
INSURED	INSURER B.		
Pacific Coast Title Company	INSURER C:		
1111 E. Katella Avenue	NSURER D:		
Suite 120	INSURER E :		
Orange CA 92867	INSURER F:	A (3 (3) (3) (4)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

OVERAGES

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	;   ;	TODO TO ONO HONO ONO CHOROSON	200	EACLUSIONS AND CONDITIONS OF SUCH PULICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS	REDUCED BY	PAIDCLAIMS		
R.E.	22.00	TYPE OF INSURANCE	ADDL SUBR	D POLICY NUMBER	MINIODAYYYY	MINIOD/YYYY	LMTS	
	5	GENERAL LIABILITY					EACH OCCURRENCE   \$ 2,000,000	000
		COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurence) 5	
⋖		X CLAIMS-MADE OCCUR		SLSLPR026226114	1/1/2014	1/1/2015	MED EXP (Any one person) \$	
******	×	K Errors & Omissions					PERSONAL & ADV INJURY   \$	
	×	K Retroactive 1/1/2011					GENERAL AGGREGATE \$ 2,000,000	000
	ତି	GENL AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG   \$	
	×	X POLICY PRO-	$\dashv$				Deductible \$ 100,	100,000
	₹	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)   \$	1.
		AUTOS AUTOS AUTOS					BODILY (NJURY (Per accident)   \$	
		HIRED AUTOS AUTOS					PROPERTY DAMAGE \$ (Per accident)	
	4		-				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
		UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$	
		EXCESS LIAB CLAIMS-MADE	<del></del> .				AGGREGATE \$	
	_	DED RETENTION\$	-				• • • • • • • • • • • • • • • • • • •	
	¥ ¥	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH-	
	<b>\$</b> 5	ANY PROPRIETOR/PARTNER/EXECUTIVE NO OFFICER/MEMBER FXC11IPET?	Z X				E.L. EACH ACCIDENT	
	₹.						E.L. DISEASE - EA EMPLOYER S	
	ä	DESCRIPTION OF OPERATIONS below	_				E.L. DISEASE - POLICY LIMIT   \$	
								. T 1

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

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIE THE EXPIRATION DATE THEREOF, NOTICE A ACCORDANCE WITH THE POLICY PROVISIONS.	AUTHORIZED REPRESENTATIVE	Nancy Walker/NANCY
Evidence of Insurance Coverage		

S BE CANCELLED BEFORE WILL BE DELIVERED IN

CANCELLATION

CERTIFICATE HOLDER

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PRODUCER	CONTACT Nancy Walker	
American Insurance Professionals, LLC	PHONE (602) 424-3351 FAX (AC. No. Ext. (602) 424-3351	FAX (A/C, No); (602) 424-3353
4545 E. Shea Blvd.	o.com	
Suite 130	INSURER(S) AFFORDING COVERAGE	NAIC#
Phoenix AZ 85028	INSURER A Starr Surplus Lines Insurance	13604
INSURED	NSURER B:	
Pacific Coast Title Company	INSURER C:	
200 W Glencaks Blvd	INSURER D :	
Suite 100	INSURER E :	
Glendale CA 91202	INSURER F:	

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_	ă	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	OLICIE	S. LIMITS SHOWN MAY HAVE BEEN	REDUCED BY	PAID CLAIMS	•
EE.	ابري	TYPE OF INSURANCE	ADDL SUBR	BR POLICY NUMBER	MINIOD/YYYY	MINIOD/YYYY	
		GENERAL LIABILITY					FACH OCCURRENCE 8 2.000.000
		COMMERCIAL GENERAL LIABILITY					S (auto
4		X CLAIMS-MADE OCCUR		SLSLPRO26226114	1/1/2014	1/1/2015	MED EXP (Any one person) \$
		X Errors & Omissions					PERSONAL & ADV INJURY   \$
		X Retro Date: 1/1/2011		a a a a a a a a a a a a a a a a a a a			GENERAL AGGREGATE   \$ 2,000,000
		1. AGGREGATI					PRODUCTS - COMP/OP AGG   \$
_	4	X POLICY LECT LOC					DEDUCTIBLE   \$ 100,000
		AUTOMOBILE LIABILITY		- Williams			COMBINED SINGLE LIMIT (Ea accident)
							BODILY INJURY (Per person) \$
		AUTOS AUTOS					BODILY (NJURY (Per accident) \$
		HIRED AUTOS AUTOS					PROPERTY DAMAGE \$ (Per accidant)
	-						4
		UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$
		EXCESS LIAB CLAIMS-MADE	***************************************	***************************************			AGGREGATE \$
	-	DED RETENTION\$					<b>9</b>
	<b>* 4</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY V/N					WCSTATU-   OTH-   TORY LIMITS   ER-
	< D	ANY PROPRIETOR/PARTNER/EXECUTIVE   OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$
		(Mandatory in NH)	<b></b>				E.L. DISEASE : EA EMPLOYEE \$
$\perp$		DÉSCRIPTION OF OPERATIONS BRIOW	-				E.L. DISEASE - POLICY LIMIT   \$
	-		$\dashv$				
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) in the insured's performance of professional services for others for a fee as Title Agent, Abstract/Searcher and Escrow/Closing

	ED POLICIES BE CANCELLED BEFORE NOTICE WILL BE DELIVERED IN ISIONS.	Raugy of which	
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CERTIFICATE HOLDER	Evidence of Insurance Coverage		

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certificate holder in lieu of such endorsement(s).	uch endorsement(s).	r collect	1911 to 13119
PRODUCER	CONTACT Nancy Walker		
American Insurance Professionals, LLC	351	FAX (A/C, No): (602) 424-3353	4-3353
4545 E. Shea Blvd.	E-MAL ADDRESS, nwalker@aminspro.com		
Suite 130	INSURER(S) AFFORDING COVERAGE		NAIC #
Phoenix AZ 85028	INSURER A. Starr Surplus Lines Insurance	900	13604
INSURED	12.000 to 10.000		
Dagitis Coust Fit-1s Coupany			
	INSURER C:	200	
1000 Town Center Drive	INSURER D :		
Suite 300	NSIRER E		
Oxnard CA 93036	INSINER F		

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		X Retro Date: 1/1/2011			***************************************			GENERAL AGGREGATE   \$ 2,000,000
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		(Mandatory in NH) If yes, describe under		<del></del> -			•	EL. DISEASE - EA EMPLOYER \$
$\perp$	-	DÉSCRIPTION OF OPERATIONS below	-					E.L. DISEASE - POLICY LIMIT   \$
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performance and Escrow/Closing DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Affacts 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 professional services for others for a fee as Title Agent, Abstract/Searcher and Escrow

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		nauge of who was
CANCELLATION	SHOULD ANY OF THE ABOVE THE EXPIRATION DATE T ACCORDANCE WITH THE POI	AUTHORIZED REPRESENTATIVE	Nancy Walker/LAURA
CERTIFICATE HOLDER	Evidence of Insurance Coverage		

ACORD 25 (2010/05) INS025 (201005),01

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#### LIABILITY INSURANCE 6

12/16/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE HOLDER, THIS SELOWS 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

NAIC # 13604 FAX IAIC. No): (602) 424-3353 NSURERA Starr Surplus Lines Insurance INSURER(S) AFFORDING COVERAGE PHONE Marke, Red: (602) 424-3351 E-WAIL ADDRESS, DWAI KET@aminspro.com CONTACT Nancy Walker INSURER B : INSURER C: INSURER D : INSURER E: INSURER F. CERTIFICATE NUMBER:2014-2015 LLC Insurance Professionals, certificate holder in lieu of such endorsement(s). 85028 91361 Company 24 ð Title 2945 Townsgate Road Shea Blvd. Westlake Village Pacific Coast Suite 130 Suite 200 American E. Phoenix 4545 INSURED

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<u>ا</u> لا					REVISION NUMBER:	
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ш	XCLUSIONS AND CONDI	TIONS OF SUCH POLICIES	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	THE POLICIES DESCRIBE REDUCED BY PAID CLAIMS	D HEREIN IS SUBJECT TO ALL	LINE TERMS,
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	ANY PROPRIETOR/PARTNER/EXECUTIVE   OFFICER/MEMBER EXCLUDED?	VEXECUTIVE N/A			E.L. EACH ACCIDENT	
	(Mandatory in NH)	]		•	E.L. DISEASE - EA EMPLOYEE \$	
	DESCRIPTION OF OPERATIC	TONS below			E.L. DISEASE - POLICY LIMIT   \$	

성 the insured's performance and Escrow/Closing DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attact ACORD 101, Additional Remarks Schedule, if more space is required)
The insurance afforded by this policy applies solely to wrongful acts in the
professional services for others for a fee as Title Agent, Abstract/Searcher

	SHOULD THE EX THE EX ACCORE  Evidence of Insurance Coverage AUTHORIZE	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 W	713

INS025 (201005).01

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