

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MMIDD/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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 confer rights to the

ate holder in lieu of such endorsement(s).			
	NAME: Nancy Walker	***************************************	
can Insurance Professionals, LLC	4/C. No. Ext): (602) 424	-3351 [AC Not (602) 424-3353	14-3353
hea Blvď.	E-MAN. ADDRESS, nwalker@aminspro.com		
Suite 130	INSURER	INSURER(S) AFFORDING COVERAGE	NAIC#
Phoenix AZ 85028	INSURERA:Starr Su	surance	13604
NSURED .			
Pacific Coast Title Company	INSURER C:		
	INSURER D :		
T C	INSURER E :		
	INSURER F :		
COVERAGES CERTIFICATE NUMBER:2015-2016		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURÂNCE 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,	BEEN ISSUED TO THE F ANY CONTRACT OR BY THE POLICIES DE	INSURED NAMED ABOVE FOR THE POLL OTHER DOCUMENT WITH RESPECT TO VISCRIBED HEREIN IS SUBJECT TO ALL T	ICY PERIOD WHICH THIS 'HE TERMS,
EXCLUSIONS AND CONLIT TONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE E TYPE OF INSTIRANCE ADDITIONAL TYPE OF INSTIRANCE	POLICY EFF POLICY EXP	ICLAIMS.	
GENERAL LIABILITY		EACH OCCURRENCE	2,000,000
COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED  PREMISES (Fa occurrence) \$	
A X CLAMS-MADE OCCUR SLSIPRO26226115	1/1/2015 1/1/	П	
X Errors & Ondesions		PERSONAL & ADV INJURY \$	
X Retro Date: 1/1/2011		GENERAL AGGREGATE \$	2,000,000
NI AGGREGATI		PRODUCTS - COMP/OP AGG \$	
X POLICY JECT LOC		DEDUCTBLE \$	100,000
AUTOMOBILE LIABILITY		COMBINED SINGLE LIMIT   \$	
ANY AUTO		(F)	
		BODILY INJURY (Per accident) \$	
HIRED ALTOS ALTOS	··········		
UNBRELLALIAS			
I		KRENCE	
HANN-WALL		ACCORDON	
DED RETENTIONS			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY		TORYLIMITS	
ANY PROPRIETORIPARTNEREXECUTIVE N/A		E.L. EACH ACCIDENT \$	
(Mandatory in NH)		E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below		-	
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ATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks afforded by this policy applies solely	hedule, if more space is required wrongful acts	the	ge of
	Agent, Abstract, seatcher	earcher and baccos (crossing	
CERTIFICATE HOI DER	CANCELLATION		
	MACCLATION		
Evidence of Insurance Coverage	SHOULD ANY OF THE / THE EXPIRATION DA ACCORDANCE WITH TH	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	ED BEFORE
	AUTHORIZED REPRESENTATIVE	VE	
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certificate holder in lieu of such endorsement(s).			
PRODUCER	CONTACT Nancy Walker		
Inga t	PHONE (602) 424-3351	3351 FAX (602) 424-3353	4-3353
4545 E. Shea Blvd.	ADDRESS nwalker@amin		
Suite 130	INSURER(S)	INSURER(S) AFFORDING COVERAGE	NAIC#
Phoenix AZ 85028	MSURERA:Starr Surplus	Lines Insurance	13604
INSURED	NSURER B:		
Pacific Coast Title Company	INSURER C:		
600 San Ramon Valley Blvd.	INSURER D :		
Suite 101	INSURER E :	, , , , , , , , , , , , , , , , , , , ,	
Danville CA 94526	INSURER F :		
COVERAGES CERTIFICATE NUMBER:2015-2016		REVISION NUMBER:	
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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CO	ANDED NEMERY IS SUBJECT TO ALL III	TE LEASING,
INSR TYPE OF INSURANCE ADDISURER POLICY NUMBER	(MMIDD/YYYY) (MMIDD/YYYY)	YYYY	
		EACH OCCURRENCE \$ DAMAGE TO RENTED	2,000,000
A X CLAIMS-MADE CCCUR SISIERO26226115	1/1/2015 1/1/2016		
Errors & Omi		≿	000
GENI ACCREGATE IMIT APPLIES PER		GENERAL AGGREGATE \$  DECINICIS. COMPION AGG \$	2,000,000
X POLICY PRO-		-}	100,000
OMOBILE LIABILITY		COMBINED SINGLE LIMIT   S	
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ALL OWNED SCHEDULED AUTOS		BODILY INJURY (Per accident) \$	
HIRED AUTOS AUTOS AUTOS		PROPERTY DAMAGE \$	
		49	
UMBRELLA LIAB OCCUR		EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE		AGGREGATE \$	
DED RETENTION\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		WCSTATU. OTH-	
ANY PROPRIETOR/PARTNER/EXECUTIVE ( M/A OFFICER/MEMBER EXCLUDED?		E.L. EACH ACCIDENT \$	
7		E.L. DISEASE - EA EMPLOYEE \$	
DESCRIPTION OF OPERATIONS below		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	chedule, if more space is required to wrongful acts i	ba) in the insured's performance	te of
professional services for others for a fee as Title Agent,	gent, Abstract/Searcher	cher and Escrov	
CERTIFICATE HOLDER	CANCELLATION		
Evidence of Insurance Coverage	SHOULD ANY OF THE ABY THE EXPIRATION DATE ACCORDANCE WITH THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	ED BEFORE IVERED IN
	AUTHORIZED REPRESENTATIVE		
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	Nancy Walker/LAURA	nauget, ut	CAROCA

ACORD 25 (2010/05)



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certificate holder in lieu of such endorsement(s).	uch endorsement(s).	settificate holder in lieu of such andorsement(s).	ioes not conier i	ignts to the	
PRODUCER		 CONTACT Mancy L. Walker			
American Insurance Professionals, LLC	Professionals,	PHONE (602) 424-3351	FAX (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	INSURERA: Starr Surplus Lines Ingurance		13604	
INSURED		NSURER 8:			
Pacific Coast Title	itle Company	INSURER C:		, , , , , , , , , , , , , , , , , , , ,	
20630 Patio Drive		INSURER D:			
:		INSURER E:			
Castro Valley	CA 94546	INSURER F:			

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LTR	TYPE OF INSURANCE IN	ADDL SUBR	POLICY NUMBER	POLICY EFF POLICY EXP	POLICY EXP	\$130 i	S.
	GENERAL LIABILITY					おない日日日にいて、日本の	2 000 000
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Fa projurence)	
ď	X CLAIMS-MADE OCCUR	······································	SLSLPRO26226115	1/1/2015	1/1/2016	MED EXP (Any one person)	•
	X Errors & Omissions	_			·	PERSONAL & ADV INJURY	¢.
	X Retro Date: 1/1/2011					GENERAL AGGREGATE	\$ 2,000,000
	IL AGGREGATI				· ·	PRODUCTS - COMP/OP AGG	6
ı	X POLICY JECT LOC	-			•	DEDUCTIBLE	\$ 100,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	***************************************
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	Autos Autos			-		BODILY INJURY (Per accident)	s
	HIRED AUTOS AUTOS			,		PROPERTY DAMAGE (Per accident)	\$
		-					8
	UNBRELLA LIAB OCCUR					EACH OCCURRENCE	8
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$	-					\$
	MORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					WC STATU- OTH-	
	PARTNER/EXECUTIVE EXCLUDED?	۷ ۲				E.L. EACH ACCIDENT	\$
	(Mandatory in NH) If yes, describe under				1	E.L. DISEASE • EA EMPLOYEE	\$
	DESCRIPTION OF OPERATIONS below					EL. DISEASE - POLICY LIMIT	\$
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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Agent O. infrom of operations/Judations/Vehicles (Atach ACORD for Additional Romarks Schedule, framore space is required)
insurance afforded by this policy applies solely to wrongful acts in the insured's performance
lessional services for others for a fee as Title Agent, Abstractor/Searcher and Escrow/Closing A Walker/LAURA AUTHORIZED REPRESENTATIVE CANCELLATION Nancy Coverage professional services for others for Insurance o. CERTIFICATE HOLDER Evidence The

ACORD 25 (2010/05)

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certificate noider in fieu of such endorsement(s).	ich endorsement(s).			
PRODUCER		CONTACT Nancy Walker		
American Insurance Professionals, LLC	rofessionals, LLC	121	FAX (A/C, No); (602) 424-3353	-3353
4545 E. Shea Blvd.		0.com		
Suite 130		INSURER(S) AFFORDING COVERAGE		NAIC#
Phoenix	AZ 85028	INSURERA: Starr Surplus Lines Insurance		13604
INSURED		NSURER B.		
Pacific Coast Title	itle Company	INSURER C:		
4637 Chabot Drive		INSURER D:		
Suite 105		INSURER E:		
Pleasanton	CA 94588	INSURER F:		

CERTIFICATE NUMBER: 2015-2016

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, COVERAGES

	EXCLUSIONS AND CONDI-	TIONS OF SUCH	POLICIES	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	REDUCED BY	PAID CLAIMS			 }
R.R.	TYPE OF INSU	RANCE	ADDL SUBR	POLICY NUMBER	(MM/DD/YYYY)	MANDDAY EXP	CINIS		
	GENERAL LIABILITY						EACH OCCURRENCE	2,00	2,000,000
	COMMERCIAL GENERAL LIABILITY	AL LIABILITY					1108)	\$	
4	L X CLAIMS-MADE	OCCUR		SISLPR026226115	1/1/2015	1/1/2016	MED EXP (Any one person)	\$	
	X Errors & Omissions	sions	******	ndertranslation				\$	
	X Retro Date: 1,	1/1/2011		**************************************			GENERAL AGGREGATE	\$ 2,00	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	PPLIES PER:		· · · · · · · · · · · · · · · · · · ·			PRODUCTS - COMP/OP AGG	\$	
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	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	6	
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	AUTOS	SCHEDULED AUTOS					sccident)	es.	
	HIRED AUTOS	NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	*	
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	UMBRELLALIAB	OCCUR					EACH OCCURRENCE	*	
	EXCESS LIAB	CLAIMS-MADE					AGGREGATE	5	
	DED RETENTION	ON \$						<b>~</b>	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	***	***************************************				WC STATU. OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	VEXECUTIVE TIN	4				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	]					E.L. DISEASE - EA EMPLOYEE \$	<del>69</del>	
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NETION OF OPERATIONS / LOCATIONS / VEHICLES (Aftach ACORD 101, Additional Remarks Schedule, if more space is required)
insurance afforded by this policy applies solely to wrongful acts in the insured's performance
fessional services for others for a fee as Title Agent, Abstract/Searcher and Escrow/Closing professional

CANCELLATION

CERTIFICATE HOLDER

of.

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 Reseased Letter
SHOULD A THE EXPL ACCORDA	AUTHORIZED R	lancy Wal
Evidence of Insurance Coverage		

ACORD 25 (2010/05)



# **CERTIFICATE OF LIABILITY INSURANCE**

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DITIONAL INSURED, the policy(ies) must be en-	policies may require an endorsement. A statem	
IMPORTANT: If the certificate holder is an AD	the terms and conditions of the policy, certain	certificate holder in lieu of such endorsement(s).

٥	certificate holder in lieu of such endorsement(s).	ement	t(s).		:				
8	PRODUCER			CONTACT Nancy V	Walker				
Ā	Car	iona	la, iic	PHONE (602) 424-3351	424-3351	FAX (602) 424-3353	(602) 42	1-3353	T
45	4545 E. Shea Blvd.			E-MAIL ADDRESS, nwalker@aminspro.com	Gaminspr.				T
S	Suite 130			INS	URER(S) AFFOR	NSURER(S) AFFORDING COVERAGE		NAIC#	<del>}</del>
प्य	Phoenix Az 85(	85028		INSURER A :Starr	Surplus	Lines Insurance		13604	T
NS.	INSURED			INSURER B:					******
eg G	Pacific Coast Title Company	<b>5</b>		INSURER C:					,
1	1111 E. Katella Avenue			INSURER D :					
Su	Suite 120			INSURER E :					
히	Orange CA 92867	367		INSURER F:		NAME OF TAXABLE PARTY O			T
8	COVERAGES CERT	TFICA	CERTIFICATE NUMBER:2015-2016			REVISION NUMBER:			1
F <b>2</b> 0	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. INDIVIDING ANY REQUIREMENT TO WHICH THIS CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS	OF IN	AT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD SOLIND ANY REQUIREMENT WITH RESPECT TO WHICH THIS POLICY PERIOD SOLIND ANY PETITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS POLICY PERIOD.	TE BEEN ISSUED TO	THE INSURE OR OTHER	DOCUMENT WITH RESPECT	元 で TO V	Y PERIOD	
ليا د	CENTITIVATE MAY BE INSUED OF MAY PENTAIN, THE INSURANCE APPORDED 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.	A H	IN, THE INSURANCE AFFORDS ES. LIMITS SHOWN MAY HAVE	ED BY THE POLICIE BEEN REDUCED BY	S DESCRIBEI PAID CLAIMS	D HEREIN IS SUBJECT TO	JAC T	te terms,	
NSH LTR	TYPE OF INSURANCE	ADDL SUBR	JBR POLICY NUMBER	(MM)DDYYYYY (MM)DDYYYYY	POLICY EXP	STRIT	ķ		_
	GENERAL LIABILITY	_				EACH OCCURRENCE	↔	2,000,000	*****
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	€9		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ď	X CLAIMS-MADE OCCUR		SLSLPR026226115	1/1/2015	1/1/2016	МЕО ЕХР (Апу опе регзоп)	s <del>s</del>		
	X Errors & Omissions					PERSONAL & ADV INJURY	w		
	X Retro Date 1/1/2011					GENERAL AGGREGATE	₩	2,000,000	,
	N'L AGGREGATI	_				PRODUCTS - COMP/OP AGG	\$		
ĺ	X POLICY PRO-					DEDUCTIBLE	₩	100,000	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	so.		
						BODILY INJURY (Perperson)	\$		
	AUTOS AUTOS		***************************************			BODILY INJURY (Per accident)	69		
	HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	₽		_
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	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	ę		
	DED RETENTION\$	-					s		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH-			
		Z Z				E.L. EACH ACCIDENT	ьo		
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$	s		
	DESCRIPTION OF OPERATIONS below	+				E.L. DISEASE - POLICY LIMIT	S		

DESCRIPTION OF OPERATIONS/VEHICLES (Attach ACORD 181, 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 CANCELLATION CERTIFICATE HOLDER

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ı	ACORD 25 (2010/05)
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CANCELLED BEFORE BE DELIVERED IN

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE THE EXPIRATION DATE THEREOF, NOTICE WILL ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Coverage

Insurance

οÉ

Evidence



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

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8	PRODUCER	CONTACT Nancy	Nancy Walker		
F	American Insurance Professionals, LLC	PHONE EXT. (60	2) 424-3351		FAX (A/C, No), (602) 424-3353
4	4545 E. Shea Blvd.	Appress nwalker@aminspro.com	er@aminspr		
တ်	Suite 130		NSURER(S) AFFO	INSURER(S) AFFORDING COVERAGE	B SISK
굺	Phoenix AZ 85028	INSURER A STAT	r Surplus	MSURERA Starr Surplus Lines Insurance	13604
S	INSURED	INSURER B:		***************************************	
Ċ,	Pacific Coast Title Company	INSURER C:			
5	200 W Glenoaks Blvd	INSURER D :			
ćΩ	Suite 100	INSURER E			
8	Glendale CA 91202	INSURER F:		And the state of t	
히	COVERAGES CERTIFICATE NUMBER:2015-2016	16	i	REVISION NUMBER:	
F 23	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD	HAVE BEEN ISSUED	O THE INSUR	D NAMED ABOVE FOR THE	POLICY PERIOD
= ∪ W	RESTRICTE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADIOCIAINS.	ON OF ANY CONTRACTION OF SEEN REDUCED B	T OR OTHER ES DESCRIBE Y PAID CLAIMS	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	TO WHICH THIS
LASE LASE	TYPE OF IN	POLICY EFF	MANIDOMYYYY (MANIDOMYYYY	LIMITS	Vernite de l'action de l'actio
	GENERAL LIABILITY			EACH OCCURRENCE	2,000,000
	WMERCIAL GENERAL LIABILITY			(Boul	
Ø.	- }-	0/1/2015	1/1/2016	MED EXP (Any one person) \$	
	X Errors & Omissions			PERSONAL & ADV INJURY \$	
	X Retro Date: 1/1/2011			GENERAL AGGREGATE \$	2,000,000
	VL AGGREGATI			PRODUCTS - COMP/OP AGG   \$	
- 1	X POLICY FECT LOC			DEDUCTIBLE	100,000
	AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident)	
				on)	
	AUTOS AUTOS AUTOS AUTOS			BODILY INJURY (Per accident) \$	
	HIRED AUTOS AUTOS			PROPERTY DAMAGE \$ (Per accident)	
ı				\$	
	98 88			EACH OCCURRENCE \$	
	EXCESS LIAB CLAMS-MADE			AGGREGATE \$	
1	DED RETENTIONS				
	MORATES COMPENSATION AND EMPLOYERS' LIABILITY YEAR			WC STATU. OTH.	
	ANY PROPRIETORPARTNER/EXECUTIVE   OFFICERAMEMBER EXCLUDED?			E.L. EACH ACCIDENT S	
	(Mandatory in RH)			E.L. DISEASE - EA EMPLOYEE \$	
	DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT   \$	

insured's performance and Escrow/Closing 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

E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT

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	Nancy Walker/LAURA Rescay Study Charles
CERTIFICATE HOLDER	Evidence of Insurance Coverage		

CERTIFICATE HOLDER

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DATE (MNIDDINYYY) 12/10/2014

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the theory so of the policy, certificate and conditions of the policy, certificate and conditions in the inition of such analyses.

certificate holder in lieu of such endorsement(s).			
	CONTACT Nancy Walker		
can Insura	PHONE (602) 424-3351	FAX (A/C, No); (602) 424-3353	3353
4545 E. Shea Blvd.	E-MAIL ADDRESS, nwalker@aminspro.com		
Suite 130	INSURER(S) AFFORDING COVERAGE		MAICH
Phoenix AZ 85028	MSURERA Starr Surplus Lines II	gurance	13604
NSURED			
Pacific Coast Title Company	INSURER C:		
	INSURER D:		
Suite 300 Oxnard CA 93036	INSURER E:		***************************************
COVERAGES CERTIFICATE NUMBER: 2015-2016	DEVISION NI IMBED.	- Paro	
ERTIFY THAT THE POL NOTWITHSTANDING AN MAY BE ISSUED OR I	TE BEEN ISSUED TO THE INSURED NAMED ABOUT ANY CONTRACT OR OTHER DOCUMENT WED BY THE POLICIES DESCRIBED HEREIN IS SE	OVE FOR THE POLICY TH RESPECT TO WH UBJECT TO ALL THE	PERIOD ICH THIS TERMS,
TYPE OF INSIDANCE ADDITIONS OF SOUCH POLICIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.   POLICY EFF   POLICY EXP	***************************************	
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COMMERCIAL GENERAL LABILITY	DAMAGE TO REVIED PREMISES (Es accumente)	w w	2,000,000
~-	1/1/2015 1/1/2016 MED EXP (Any one person)		
Errors & Omi	PERSONAL & ADV INJURY	W INJURY S	
	GENERAL AGGREGATE	8	2,000,000
GENLAGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMPAGE		000
FOROBILE LIABILITY	DEDUCT BLE	BE MIT	700,000
ANN ALLEY	(Ea accident)	\$	
ALL OWNED SCHEDULED	BOULY INJURY (Per person)		
AUTOS AUTOS NON-OWARED	BODILY INJURY (Per accident)	(Per accident) \$	
HIRED AUTOS AUTOS	PROPERTY DAMAGE (Per accident)	AGE \$	
		8	
UMBNELLA LIAB OCCUR	EACH OCCURRENCE	NCE \$	
DEEN CLAMS-MADE	AGGRECATE	\$	
WORKERS COMPANATION			
AND EMPLOYERS' LIABILITY Y/N	WC STATL- TORY LIMITS.	S OTH	
ANY PROPRIETO/R/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	E.L. EACH ACCIDENT	ENT \$	
(Mandatory in NH) If yes, describe under	E.L. DISEASE - EA EMPLOYEE	A EMPLOYEE \$	
DESCRIPTION OF OPERATIONS below	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 wronoful acts its	1 84.4	insilted's toothornous	*
professional services for others for a fee as Title A	cher	and Escrow/Closing	5
			A
CERTIFICATE HOLDER	CANCELLATION	***************************************	
	THE MANAGEMENT OF THE PROPERTY		
Evidence of Insurance Coverage	STORY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPENTION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	CIES BE CANCELLED  WILL BE DELIVE	RED IN
	AUTHORIZED REPRESENTATIVE		
			, ,
		CA WARE	)

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#### INSURANCE LIABILITY P P CERTIFICATE

12/10/2014

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IMPORTANT: If the certificate holder is an ADDITIONAL, INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the the tentificate does not confer rights to the certificate does not confer rights to the

certificate noider in lieu of such endorsement(s).		
PRODUCER	CONTACT Nancy Walker	
American Insurance Professionals, LLC		FAX (A/C, Not; (602) 424-3353
4545 E. Shea Blvd.	o.com	
Suite 130	INSURER(S) AFFORDING COVERAGE	NAIC#
Phoenix AZ 85028	INSURERA Starr Surplus Lines Insurance	136
INSURED	INSURER B:	
Pacific Coast Title Company	INSURER C:	
2945 Townsgate Road	INSURER D:	
Suite 200	INSURER E:	
Westlake Village CA 91361	INSURER F:	

ន	COVERAGES	TIFICATI	CERTIFICATE NUMBER:2015-2016			REVISION NUMBER:		
-:	THIS IS TO CERTIFY THAT THE POLICIES	OF INSUI	THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD	IN ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH	HE POLICY PERIO	B
= <b>↓</b> ₩	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE. MAY BETTO MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CECLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADIOCIAINS.	CUIREME PERTAIN, POLICIES.	HSI ANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ELISABLE OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, NUTTIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADIOCIAINS.	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEL PAID CLAIMS	OCCUMENT WITH RESPE HEREIN IS SUBJECT TO	OT TO WHICH TH ALL THE TERM	£δ.
INSR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	CINITS		
	GENERAL LIABILITY					EACH OCCURRENCE	\$ 2,000,00	8
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	8	
4	X CLAIMS-MADE OCCUR		SLSLPR026226115	1/1/2015	1/1/2016	WED EXP (Any one person)	છ	
	X Errors & Omissions					PERSONAL & ADV INJURY	· s	
	X Retro Date: 1/1/2011				•	GENERAL AGGREGATE	\$ 2,000,00	00
	GEN'L AGGREGATE LIMIT APPLIES PER:				<b>-</b>	PRODUCTS - COMPIOP AGG	s	
	X POLICY PRO-				**********	DEDUCTIBLE	\$ 100,00	8
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
		•			··············	BODILY INJURY (Per person)	₩.	
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	₩.	
	HIRED AUTOS AUTOS				•	PROPERTY DAMAGE (Per accident)	*	
-							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	s	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	85	
	DED RETENTION\$						49	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WCSTATU- OTH-	***************************************	
	ANY PROPRIETOR/PARTNER/EXECUTIVE FINANCES CONTINUE FOR STATEMENT OF ST	<b>₹</b>				E.L. EACH ACCIDENT	S	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
Th	RATIONS/LOCATIONS/N	ES (Attach	ACORD 181, Additional Remarks Schedule	rimore space is	required)		rmance of	l
4	Frozestowa services for oth	otners tor	r a ree as iirle Agent, Abstract/Searcher	, Abstrac	:/Searche	r and Escrow/Closing	5ur.	
1	THE THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRE							!
S	CERTIFICATE HOLDER		CANC	CANCEL LATION				l

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CANCELLED BEFORE BE DELIVERED IN SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE THE EXPIRATION DATE THEREOF, NOTICE WILL ACCORDANCE WITH THE POLICY PROVISIONS. Walker/LAURA **AUTHORIZED REPRESENTATIVE** Nancy Coverage Insurance of. Evidence

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