

DATE (MNIDD/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). | of such endorsement(s). | | · |
|--|--------------------------------|---|----------|
| PRODUCER | | CONTACT Mancy Walker | |
| American Insurance Professionals, LLC | Professionals, LLC | PHONE (602) 424-3381 | |
| 4545 E. Shea Blvd. | | | 14-13333 |
| Suite 130 | | ADDRESS: | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC# |
| *noent | AZ 85028 | INSURERA Starr Surplus Lines Insurance Co | 13604 |
| INSURED | | INSURER B. L. Lovde of London | |
| Pacific Coast Title | itle Company | | |
| 4637 Chabot Drive | | | |
| 1000 | | INSURER D: | |
| cor earns | | INSURER E : | |
| Pleasanton | CA 94546 | NSIRER F. | |
| COVERAGES | CERTIFICATE NUMBER:2016 - 2017 | 1017 REVISION MINEED. | |

| οl | COVERAGES | ICAT | CERTIFICATE NUMBER:2016 - 2017 | | | REVISION NUMBER: | |
|------|--|-----------------|--|---|---|---|---------------|
| T 1 | 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 OF OTHER DOCUMENT MITH, DESPITE TO MILLS AND CONTRACT OF OTHER DOCUMENT MITH, DESPITE TO MILLS AND CONTRACT OF OTHER DOCUMENT MITH, DESPITE TO MILLS AND CONTRACT OF OTHER DOCUMENT MITH, DESPITE TO MILLS AND CONTRACT OF OTHER DOCUMENT MITH, DESPITE TO MILLS AND CONTRACT OF OTHER DOCUMENT MITH, DESPITE TO MILLS AND CONTRACT OF THE DOCUMENT MITH, DESPITE TO MILLS AND CONTRACT OF THE DOCUMENT MITH. | F INSU | NAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD TANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OF OTHER PACHMENT WITH DESPITE TO MILLION. | N ISSUED TO | THE INSUR | ED NAMED ABOVE FOR THE | POLICY PERIOD |
| шў | CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBEL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CAMB. | ATAIN LICIES | ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, DITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | THE POLICIE | S DESCRIBE | DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO A S. | LO WHICH THIS |
| E E | TYPE OF INSURANCE AND INSI | ADDL SUBR | POLICY NUMBER | POLICY EFF | POLICY EXP | SUR | |
| 1 | COMMERCIAL GENERAL LIABILITY | _ | | 111111111111111111111111111111111111111 | T L L L L L L L L L L L L L L L L L L L | E&OU COOLUGE | 2 000 000 |
| | X CLAIMS-MADE OCCUR | | | | | DAMAGE TO RENTED PREMISES (Fa occurrence) \$ | 20070077 |
| | X Errors & Onissions | | 8LSLPR02622261116 | 1/1/3016 | 1/1/2017 | | |
| | X Retro Date 1/1/2011 | | | | | | |
| | GAT | | | | | GENERAL AGGREGATE \$ | 2,000,000 |
| | A POLICY LECT LOC | | or verbare due | | | PRODUCTS - COMP/OP AGG \$ | |
| | i OTHER: | - | | | | deductible \$ | 100,000 |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT \$ (Ea accident) | |
| | | | | | | BODILY INJURY (Per person) \$ | |
| | AUTOS | | | | | BODILY INJURY (Per accident) \$ | |
| | HIRED AUTOS AUTOS | | | | | PROPERTY DAMAGE \$ (Per accident) | |
| | | - | | | | \$ | |
| | | | | | | EACH OCCURRENCE \$ | |
| | 25 E | | | | | AGGREGATE \$ | |
| | DED RETENTIONS | | | | | co | |
| * 41 | WURKERS COMPENSATION AND EMPLOYERS LIABILITY Y IN | | | | | PER OTH- | |
| q O: | ANY PROPRIETOR/PARTNER/EXECUTIVE N/A | | | | | E.L. EACH ACCIDENT S | |
| 22 | Wandatory in NH) ves. describe under | | | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| QΙ | DESCRIPTION OF OPERATIONS below | | | | | EL DISEASE - POLICY LIMIT S | |
| w | Cyber & Privacy Liability | | ESE02163746 | 1/1/2016 | 1/1/2017 | PER POLICY TERMS | \$1,000,000 |
| | | | | | | DEDUCTIBLE | \$10,000 |
| œ | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | ACORD 5 | LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | attached if more | space is requir | (ps) | |
| - 4 | Drofessional services for others for a | 4 | of the second second control of the second s | ordra ac | בפ זה כם | e insured's perform | ance of |
| | 1 | } • | t a ree as title Agent, Abstractor/Searcher and Escrow/Closing Agent | ADSTRACT | or/Searc | her and Escrow/Clos: | ing Agent |

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFC THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Nancy Walker/ERIKA CANCELLATION Insurance Coverage O. CERTIFICATE HOLDER Evidence

BEFORE

الله مع يا الله معلى عمل ما المراج المرا المراج المرا

Agent

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ACORD 25 (2014/01) INS025 (201401)



DATE (MMDD/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.

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| | certificate holder in lieu of such endorsement(s). | 8). | | | | |
|---------------|---|---|--|--------------------------------------|--|---|
| Æ | PRODUCER | | NAME: Nancy Walker | Walker | | |
| 2 | 1 Insurance Professionals, | ILC | PHONE Extr. (602 | 424-3351 | | FAX (A/C, No): (602) 424-3353 |
| 4 | 4545 E. Shea Blvd. | | EMAIL Synwalker@aminspro.com | reaminapr | | |
| Ø. | 30 | | 2 | SURER(S) AFFO | INSURER(S) AFFORDING COVERAGE | NAIC# |
| 디 | Phoenix AZ 85028 | | INSURER A : Starr | Surplus | Surplus Lines Insurance Co | 13604 |
| ¥ å | INSURED Book fit Coost Bitle Communes | | INSURER B. Lloyds of London | of Lond | TK. | |
| | 1000 | | INSURER C: | | | |
| <u> </u> | NOSO FREIO DEIVE | | INSURER D: | *** | THE REPORT OF THE PROPERTY OF | |
| <u> </u> | Castro Valley CA 94546 | | INSURER E: | - | THE PROPERTY OF THE PROPERTY O | - Address of the second |
| J۲ | COVERAGES CERTIFICAT | CERTIFICATE NUMBER;2016 - 2017 | 17 | | REVISION NUMBER: | |
| | THIS IS TO CERTIFY THAT THE POLICIES OF INSU | JRANCE LISTED BELOW HA | VE BEEN ISSUED TO | THE INSUR | D NAMED ABOVE FOR THE | POLICY PERIOD |
| - | INDICATION TO WITH STANDING ANY REQUIREMENT, LEMM OK COMDITION 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 SUICH POLICIES, IMITS SHOWN MAY HAVE REFN PETLICED BY DAIL OF AIMS. | ENI, JEKM OK CONDITION , THE INSURANCE AFFORDI S JIMITS SHOWN MAY HAVE | OF ANY CONTRACT ED BY THE POLICIE REEN RETHICED RY | S DESCRIBE | DOCUMENT WITH RESPECT DHEREIN IS SUBJECT TO A | TO WHICH THIS ALL THE TERMS, |
| R.R. | TYPE OF INSURANCE (INSD WVD | IR POLICY NUMBER | POLICY EFF | POLICY EXP | CIMITS | |
| | COMMERCIAL GENERAL LIABILITY | | | | EACH OCCURRENCE \$ | 2,000,000 |
| 4 | X CLAIMS-MADE OCCUR | | **** | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | *************************************** |
| | X Errors & Omissions | SLELPRO2623261116 | 1/1/2016 | 1/1/2017 | MED EXP (Any one person) \$ | |
| | X Retro Date 1/1/2011 | | ···· | | PERSONAL & ADV INJURY \$ | |
| | GATE LIMIT APPLIES | | | | GENERAL AGGREGATE \$ | 2,000,000 |
| | A POLICY LEGT LOC | | | | PRODUCTS - COMPIOP AGG \$ | |
| \perp | OTHER | | | | deductible \$ | 100,000 |
| | AUTOMOBILE LIABILITY | | | | (Ea accident) | |
| | | | | | BODILY INJURY (Per person) \$ | |
| | AUTOS | | | | BODILY INJURY (Per accident) \$ | |
| | HIRED AUTOS AUTOS | | | | PROPERTY DAMAGE \$ (Per accident) | |
| _ | | | | | G | |
| | 8 | | | | EACH OCCURRENCE \$ | |
| | EXCESS LIAB CLAIMS-MADE | • | | | AGGREGATE \$ | |
| | DED RETENTION\$ | | | | | |
| | | | | | STATUTE OTH- | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE N/A | | | | E.L. EACH ACCIDENT \$ | |
| |] | | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| | DÉSCRIPTION OF OPERATIONS below | | | | E.L. DISEASE - POLICY LIMIT \$ | |
| ф | Cyber a Privacy Liability | ESE02163746 | 1/1/2016 | 1/1/2017 | PER POLICY TERMS | \$1,000,000 |
| | | | | | DEDUCTIBLE | \$10,000 |
| DES Th | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 1) The insurance afforded by this policy professional services for others for | /LOCATIONS/VEHKCLES (ACORD 10:, Additional Remarks Schedule, may be attached if more space is required) Corded by this policy applies solely to wrongful acts in the insured's performance ices for others for a fee as Title Agent, Abstractor/Searcher and Escrow/Closing A | e, may be attached if mo to wzongful a gent, Abstrac | e space is required to the cor/Searc | ed) e insured's performance her and Escrow/Closing | nance of sing Agent |
| | | | | | | |
| 핑 | CERTIFICATE HOLDER | | CANCELLATION | | | |
| | | | | | | |
| | Evidence of Insurance Coverage | 200 | SHOULD ANY OF I | HE ABOVE DE DATE 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. | SELLED BEFORE DELIVERED IN |
| | | | 188 ほういぞうどうううぎ | 7777 | PROVISIONS. | ,,, |

ACORD 25 (2014/01) INS025 (201401)

AUTHORIZED REPRESENTATIVE

Nancy Walker/ERIKA



DATE (MNUDDAYYYY) 12/22/2015

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| PRODUCER | CONTACT Wancy Walker | | |
|---------------------------------------|---|----------------------------------|---------|
| American Insurance Professionals, LLC | 151 | FAX (A)C, No): (602) 424-3353 | 34-3353 |
| 4545 E. Shea Blvd. | D. COM | 70.15 | |
| Suite 130 | INSURER(S) AFFORDING COVERAGE | | NAIC# |
| Phoenix AZ 85028 | INSURER A: Start Surplus Lines Insurance Co | 00 60 | 13604 |
| INSURED | INSURER B.L. Lovds of London | | |
| Pacific Coast Title Company | INSURER C: | | |
| 600 san Ramon Blvd. | INSURER D: | | |
| | INSURER E: | | |
| Danville CA 94526 | INSURER F; | | |

COVERAGES

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 REMAY.

| | EXCLUSIONS AND CONDITIONS OF SUCH | POLICIES | TIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLARKS. | REDUCED BY | PAID CLAIMS | OCCUPA OCCUPATION OF SOME OF THE THE TERMS OF BY PAID CLAIMS. | LL INE LEKNIS, |
|------|---|-----------|--|------------|-------------|---|----------------|
| NSE. | TYPE OF INSU | ADDL SUBR | POLICY NUMBER | POLICYEFF | POLICY EXP | 2,150 I | |
| | COMMERCIAL GENERAL LIABILITY | | | | 1111 | | 000 000 0 |
| | | | | | | CANAL COUNTRIES | 200,000,00 |
| 4 | | | | | | PREMISES (Ea occurrence) \$ | |
| | X Errors & Omissions | | SLSLPR02622261116 | 1/1/3016 | 1/1/2017 | MED EXP (Any one person) \$ | |
| | X Retro Date 1/1/2011 | | | | | PERSONAL & ADV INJURY \$ | |
| | GAT | | | | | GENERAL AGGREGATE \$ | 2,000,000 |
| | X POLICY JECT LOC | | | | | PRODUCTS - COMP/OP AGG \$ | |
| | OTHER: | | | | | deductible \$ | 100,000 |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (5. accident) | |
| | | | | | | BODILY INJURY (Per person) \$ | |
| · | AUTOS AUTOS | | | | | BODILY INJURY (Per accident) \$ | |
| | HIRED AUTOS AUTOS | | | | | PROPERTY DAMAGE \$ (Per accident) | |
| _ | | | | | | 69 | |
| | UMBRELLA LIAB | | | | | EACH OCCURRENCE \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE \$ | |
| | DED RETENTION\$ | | | | | # | |
| ··· | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | STATUTE ER | |
| | | 4 2 | | | | E.L. EACH ACCIDENT 8 | |
| | (Mandatory in NH) If yes, describe under | | | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| | UESCKIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT \$ | |
| Ø | Cyber & Privacy Liability | | ESE02163746 | 1/1/2016 | 1/1/2017 | PER POLICY TERMS | \$1,000,000 |
| | | | | | | DEDUCTIBLE | \$10,000 |
| 7000 | | 1 | | | | | |

Agent 형 performance Escrow/Closing IPTION OF OPERATIONS/LOGATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached immore space is required)
insurance afforded by this policy applies solely to wrongful acts in the insured's and. Title Agent, Abstractor/Searcher a fee as others for services for professional The

| CANCELLATION | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOI THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. | Nancy Walker/ERIKA |
|--------------------|--|--------------------|
| CERTIFICATE HOLDER | Evidence of Insurance Coverage | |

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

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| certificate holder in lieu of such endorsement(s). | nt(s). | | | , |
|--|--------|--|--|--------|
| PRODUCER | | CONTACT Nancy Walker | The state of the s | |
| American Insurance Professionals, LLC | , ILC | PHONE (602) 424-3351 | FAX (602) 424-3353 | 4-3353 |
| 4545 E. Shea Blvd. | | E-MAIL ADDRESS: nwalker@aminspro.com | | |
| Suite 130 | | INSURER(S) AFFORDING COVFRAGE | | NAIC # |
| Phoenix AZ 85028 | | NSHRERA Starr Surplus Lines Transpore Co | ماريو ري | 13604 |
| INSURED | | INSIDER T. Cords of London | 22 | - |
| Pacific Coast Title Company | | INCIDED C. | | |
| 1550 Parkside Dr. | | INSURER D : | | |
| Suite 135 | | INSURER E : | And the second s | |
| Walnut Creek CA 94596 | | NSURER F: | | |
| | | | | |

| Ü | COVERAGES | FICAT | CERTIFICATE NUMBER:2016 - 2017 | | | DEVISION NI IMBED. | |
|-------|---|--|--|---------------------------|---------------------------|--|--|
| L | THIS IS TO CERTIEY THAT THE DOLINES | DE INE | DANCE / ISTED OF DAY DAYE DES | 7 CT: 1001 14 | | M. VIOLON MOINDEN. | |
| | | UIREME | TANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS | IN CONTRACT | OR OTHER | DOCUMENT WITH RESPECT | POLICY PERIOD TO WHICH THIS |
| | CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBEI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | ERTAIN, OLICIES | ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, DITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | THE POLICIE REDUCED BY | S DESCRIBE PAID CLAIMS | D HEREIN IS SUBJECT TO A | ALL THE TERMS, |
| E ESE | R TYPE OF INSURANCE | ADDL SUBR INSD WVD | R FOLICY NUMBER | (MMIDDINYYY) | MIMIODAY EXP | LIMITS | PREVENTAL MANAGEMENT AND ASSESSMENT AND ASSESSMENT ASSE |
| | COMMERCIAL GENERAL LIABILITY | | | | | EACH OCCURRENCE \$ | 2,000,000 |
| < | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | |
| | X Errors & Omissions | •••••• | SLSLPR02622261116 | 1/1/2016 | 1/1/2017 | MED EXP (Any one person) \$ | |
| | X Ratro Date 1/1/2011 | | | | | PERSONAL & ADV INJURY \$ | |
| | IL AGGREGATI | | | | | GENERAL AGGREGATE \$ | 2,000,000 |
| | POLICY JECT LOC | | | | | PRODUCTS - COMP/OF AGG \$ | |
| | OTHER | - | | | | deductible \$ | 100,000 |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT \$ | |
| | | | | | | BODILY INJURY (Per person) \$ | |
| | AUTOS | | | | | BODILY INJURY (Per accident) \$ | |
| | HIRED AUTOS AUTOS | | | | | PROPERTY DAMAGE \$ (Per accident) | |
| | | _ | | | | 49 | |
| | UMBRELLA LIAB OCCUR | ·· | | | | EACH OCCURRENCE \$ | |
| | EXCESS LIAB CLAIMS-MADE | *********** | | | | AGGREGATE \$ | |
| ╛ | DED RETENTIONS | _ | | | | 49 | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND | | | | | PER STATUTE ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | Z X | | | | E.L. EACH ACCIDENT \$ | |
| | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| | DESCRIPTION OF OPERATIONS DRIOW | \downarrow | | | | E.L. DISEASE - POLICY LIMIT \$ | |
| A | Cyber & Privacy Liability | ······································ | E8E02163746 | 1/1/2016 | 1/1/2017 | PER POLICY TERMS | \$1,000,000 |
| | | | | | | DEDUCTIBLE | \$10,000 |

Escrow/Closing Agent insured's performance 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 in professional services for others for a fee as Title Agent, Abstractor/Searcher

| 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 |
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DATE (MINIDDITYTY)

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| FRODEICES | | T-7711474 | | | |
|--|--|--|---|--|---|
| en Insurance Professionsle | C | NAME: Nancy Walker | Walker | | |
| The Blad |) | (A/C, No. Ext): (602 | 424-335 | 1 (A/C, No): (602)424-3353 | 424-3353 |
| 30 | | ADDRESS IN ALKO | reaminsp | | |
| Phoenix | | * | BURER(S) AFF | INBURER(S) AFFORDING COVERAGE | NAIC# |
| | | INSURER A : Start | 177 | Lines Insurance Co | 13604 |
| Pacific Coast Title Company | | INSURER B. L.Loyds | of London | lon | |
| | - | INSURER C: | | | |
| Suite 100 | | INSURER D. | | *************************************** | |
| t t | | INSURER F: | | *************************************** | |
| COVERAGES CERTIFICA | CERTIFICATE NUMBER;2016 - 2017 | 7. | | REVISION NUMBER: | |
| IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REFITIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH | URANCE LISTED BELOW HAV IENT, TERM OR CONDITION (I, THE INSURANCE AFFORDE S. LIMITS SHOWN MAY HAVE I | E BEEN ISSUED TO DF ANY CONTRACT ID BY THE POLICIE BEEN REDUCED BY | THE INSUF OR OTHER S DESCRIBE PAID CLAIM | LED NAMED ABOVE FOR THE POI DOCUMENT WITH RESPECT TO ED HEREIN IS SUBJECT TO ALL S. | LICY PERIOD WHICH THIS THE TERMS, |
| LTR TYPE OF INSURANCE ADDI. SUBR | D POLICY NUMBER | MMDDWYYY | MINIODATORY | LIMITS | |
| COMMERCIAL GENERAL | | | | | 2,000,000 |
| X Herrore & Occur | TA A LA COSSOCIATA TO TO | 1 | | PREMISES (E3 occurrence) \$ | |
| ·r | STTERMAN TO THE STATE OF THE ST | 1/1/2016 | 1/1/2017 | \top | |
| | | | | <i></i> | |
| X POLICY PRO- | - | • | | | 2, 000, 000 |
| | | | | PRODUCIS - COMPOP AGG \$ | 900 001 |
| AUTOMOBILE LIABILITY | | | | D SINGLE LIMIT | 700 |
| AMY AUTO | | | | - | |
| ALL OWNED SCHEDULED | - Water | | | | |
| HIRED ALTIDS NON-OWNED | | | | sccident) | |
| L | | | | (Per accident) | |
| UMBRELLA LIAB | | | | 65 | |
| EXCESS LIAB CLAMSMADE | | | | EACH OCCURRENCE \$ | |
| | | | | AGGREGATE | |
| WORKERS COMPENSATION | | | | | |
| X. | | | | STATUTE ER | |
| OFFICERAMEMBER EXCLUDED? | | | | E.L. EACH ACCIDENT \$ | |
| If yes, describe under DESCRIPTION DESCRIPTION OF OPERATIONS below | | | | | |
| B Cyber & Privacy Liability | Boros Conta | | | E.L. DISEASE - POLICY LIMIT \$ | |
| | ESECATION TO | 1/1/2016 | 1/1/2017 | PER POLICY TERMS | \$1,000,000 |
| | | | | VEDUCTIBLE | \$10,000 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be aftenhed if more space is required) The insurance afforded by this policy applies solely to wrongful acts in the insured's performance professional services for others for a fee as Title Agent, Abstractor/Searcher and Escrow/Closing ? | D 101, Additions! Remarts Schedule, cy applies solely t r a fee as Title Ag | mats Schedule, may be attached if more space is required) solely to wrongful acts in the in Title Agent, Abstractor/Searcher | space is required in the cor/searc | red) We insured's performance of ther and Escrow/Closing Agent | ce of g Agent |
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| CERTIFICATE HOLDER | 3 | CANCELLATION | | | |
| | | | | | |
| Evidence of Insurance Coverage | | SHOULD ANY OF IT THE EXPIRATION ACCORDANCE WIT | IE ABOVE DI DATE THE 1 THE POLIC | 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 |
| | <u> </u> 4 | AUTHORIZED REPRESENTATIVES | ATTVE ATT | | |
| | Na | Nancy Walker/ERIKA | RIKA | として |) |

ACORD 25 (2014/01) INS025 (201401)

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DATE (MIMIDDITYYY)

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the 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 and excendents.

| cel uncate notice in lieu of such endorsement(s). | | • |
|---|--|---------|
| PRODUCER | CONTACT NAME WAINER | |
| American Insurance Professionals, LLC | 197 | FAX |
| 4545 E. Shea Blvd. | 20 - COM | 2000 |
| Suite 130 | INSTIDED/S) ACCOMING COMERCE | = #1074 |
| Phoenix AZ 85028 | Sections of the section of the secti | #ABC# |
| INSURED | CONTRACT PARTE DATE DITIES TISSUES CO | 1.3004 |
| Pacific Coast Title Company | INSURER BUILDINGS OF LONGON | |
| 1111 E. Katella Avenue | INSUKERC: | |
| • | INSURER D: | |
| 9 | INSURER E: | |
| Oxenge CA 92867 | INSURER F: | |

| L | COVERAGES CERT | FICATE | CERTIFICATE NUMBER:2016 -2017 | 7 | | REVISION NUMBER: | | |
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| | SETTFICATE MAY BE R | RTAIN, DLICIES. | THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | ED BY THE POLICIE BEEN REDICED BY | S DESCRIBE | SSUED OR MAY PERTAIN THE INSTRUMENTAL STATEMENT OF CHIEF DOCUMENT WITH RESPECT TO WHICH THIS SOUTH POLICIES UMITS SHOWN MAY HAVE BEEN REDICTED BY DATE FOR SOUTH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDICTED BY DATE OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDICTED BY DATE OF SUCH POLICIES. | CT TO WHICH THIS O ALL THE TERMS | . |
| Ž. | INSR TYPE OF INSURANCE | ADDL SUBR | | POLICY EFF | POLICY EFF POLICY EXP | | | ſ |
| L | COMMEDCIAL SENEDAL LABOR TO | מאט מצו | FOLICY NUMBER | (MM/DD/YYYY | MMIDDAYYY | LIMITS | S | |
| | 1 | | | | ndonole ne | EACH OCCURRENCE | S 2,000,000 | 00 |
| < | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | æ | |
| | Errors & Onis | | SLSLPR02622261116 | 1/1/2016 | 1/1/2017 | MED EXP (Any one person) | \$ | |
| | X Retro Date 1/1/2011 | | | •••• | | PERSONAL & ADV INJURY | s | |
| | EGATE LIMIT APPLIES | | | | ··· | GENERAL AGGREGATE | \$ 2,000,000 | 00 |
| | | | | • | | IS - COMP/OP AGG | \$ | |
| L | AND STATE TO SAME TO SAME | 1 | | | | | \$ 100,000 | 00 |
| | AU CANORICE LIABILITY | | | | | | \$ | |
| | ALL OWNED STHEPS II ED | | | | | BODILY INJURY (Per person) | ↔ | |
| | AUTOS | | | | | accident) | \$ | |
| | HRED AUTOS AUTOS | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| 上 | - | | | | | | ₩. | <u> </u> |
| | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | S | 1 |
| | EXCESS LIAB CLAIMS-MADE | | | | - Indoor-Ari | | 69 | |
| \perp | DED RETENTIONS | | | | | | 9 | |
| | AND EMPLOYERS' LABILITY YIN | | | | | PER OTH- | | Γ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERAREMBER EXCLUDED? | < | | ••••••• | | DENT | 69 | |
| | (Mandatory in NH) If yes, describe under | | | | | EL. DISEASE - EA EMPLOYEE | 69 | |
| _ | DESCRIPTION OF OPERATIONS below | 1 | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| M | Cyber & Privacy Liability | | ###################################### | 1/1/2016 | 1/1/2017 | ł | \$1,000,000 | g |
| | | | | | | DEDUCTIBLE | \$10,000 | 9 |
| H E D | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 10), Additional Remarks Schedule, may be attached if more space is required). The linsurance afforded by this policy applies solely to wrongful acts in the professional services for others for a fee as Title Agent, Abstractor/Searche | renctes (acoro this policy others for | rencies (ACORD 10), Additional Remarks Schedul this policy applies solely (others for a fee as Title As | s, may be attached if mo to wrongful a jent, Abstrac | e space is requi cts in th tor/Searc | mark Schedule, may be attached if now space is required) solely to wrongful acts in the insured's performance of Title Agent, Abstractor/Searcher and Escrow/Closing Agent | rmance of osing Agent | |
| | | | | | | | | |
| 삔 | CERTIFICATE HOLDER | | | CANCELLATION | | | | ٦ |
| | Evidence of Insurance Coverage | отега | 0 | SHOULD ANY OF THE ABOVE DESCRIBED POLITHE EXPIRATION DATE THEREOF, NOTICIACORDANCE WITH THE POLICY PROVISIONS. | HE ABOVE DE DATE THE TH THE POLIC | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | NCELLED BEFORE E DELIVERED IN | |
| | | | | AUTHORIZED REPRESENTATIVE | | 7118 | 6.5 | - |
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ACORD 25 (2014/01) INS025 (201401)

Walker/ERIKA

Nancy



DATE (MINIDDIYYYY) 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.

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| certificate holder in lieu of such endorsement(s), | | |
|--|--|---------|
| PRODUCER | CONTACT Nancy Walker | |
| American Insurance Professionals, LLC | PHONE - (602) 424-3351 | 34-3353 |
| 4545 E. Shea Blvd. | | 2022 |
| Suite 130 | ALUKESS: | |
| Phoenix AZ R5028 | INSURERGS AFFORDING COVERAGE | NAIC # |
| | INSURERA: Starr Surplus Lines Insurance Co | 13604 |
| | INSURER BILLOyds of London | |
| Pacific Coast Title Company | | |
| 1000 Town Center Dr, Ste 300 | INSURER D : | |
| | INSURER E: | |
| Oxnard CA 93036 | INSURER F: | |
| | | |

2,000,000 2,000,000 100,000 \$10,000 \$1,000,000 OVERAGES

CERTIFICATE 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. w LIMITS 69 49 E.L. DISEASE - EA EMPLOYEE \$ BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) E.L. DISEASE - POLICY LIMIT PRODUCTS - COMP/OP AGG BODILY INJURY (Per person) EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) PERSONAL & ADV INJURY MED EXP (Any one person) COMBINED SINGLE LIMIT GENERAL AGGREGATE EACH OCCURRENCE E.L. EACH ACCIDENT PER POLICY TERMS PER STATUTE AGGREGATE DEDUCTIBLE MINIODIYYYYY (MMIDDIYYYY) 1/1/2017 1/1/2017 1/1/2016 1/1/2016 POLICY NUMBER SLSLPR02622261116 ESE02163746 ADDL SUBR X Z CLAIMS-MADE SCHEDULED AUTOS NON-OWNED AUTOS OCCUR Privacy Liability COMMERCIAL GENERAL LIABILITY GENT AGGREGATE LIMIT APPLIES PER:

X POLICY PRO- LCC CCC OCCUR PROPRIETOR/PARTNER/EXECUTIVE CERMEMBER EXCLUDED? datory in NH1 WORKERS COMPENSATION
WORKERS COMPENSATION
AND EMPLOYERS LIBBILITY
ANY PROPRETOR/PATINENEX/CUITY
OFFICERAMENSER EXCLUDED?
(Mandatory in NN)
If yes, describe under
DESCRIPTION OF OPERATIONS below. Retro Date 1/1/2011 Errors & Omissions YPE OF INSURANCE X CLAIMS-MADE AUTOMOBILE LIABILITY UMBRELLA LIAB HIRED AUTOS ANY AUTO ALL OWNED AUTOS EXCESS LIAB Cybez M × ⋖ M

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 7-2777 AUTHORIZED REPRESENTATIVE Nancy Walker/ERIKA CANCELLATION Insurance Coverage ų, CERTIFICATE HOLDER Evidence

Escrow/Closing Agent

Pud Bud

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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

professional services for others for a fee as Title Agent, Abstractor/Searcher

ACORD 25 (2014/01) INS025 (201401)



DATE (MMIDDIMMY) 12/22/2015

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| certificate holder in lieu of such endorsement(s). | | | | |
|---|--|--|--|--|
| PRODUCER | UZ. | CONTACT Nancy Walker | | |
| n Ins | THE | AKC, No. Ext; (602) 424-3351 | | FAX (A/C. No): (602) 424-3353 |
| 4545 E. Shea Blvd. | <u>ua</u> | E-Mail ADDRESS, nwalker@aminspro.com | | |
| Suite 130 | | INSURER(S) A | INSURERIS) AFFORDING COVERAGE | MAID # |
| Phoenix Az 85028 | | SURER A Starr Surplu | MSURERA Starr Surplus Lines Insurance Co | 13504 |
| INSURED | 4 | INSURER B. L. Loyde of London | ndon | |
| Pacific Coast Title Company | | INSURER C: | | |
| 2945 Townsgate Road | | INSURER D : | ************************************** | |
| Suite 200 | 2 | NSURER E: | The state of the s | |
| Westlake Village CA 91361 | | INSURER F.: | | |
| | CERTIFICATE NUMBER:2016 -2017 | | 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 PERFAMENT INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, FYCH ISPONS AND CONTRACTORS. | HAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD STANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ISSUED OR MAY PERFAM, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, | BEEN ISSUED TO THE INS ANY CONTRACT OR OTH BY THE POLICIES DESCR | URED NAMED ABOVE FOR THE F ER DOCUMENT WITH RESPECT 1 BIED HEREIN IS SUBJECT TO AL | POLICY PERIOD TO WHICH THIS ALL THE TERMS, |
| NSR TYPE OF INSURANCE (ADD | ADDLISUBR | EN REDUCED BY PAID CLAIMS | IMS. | The state of the s |
| Contract of the second | DI WVD | (MM/DD/YYYY) (MM/DD/YY | STIMITS CIMITS | |
| A X CLAIMS-MADE OCCUR | *************************************** | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Fo ANNUMENCE) \$ | 2, 600, 000 |
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| X Retro Date 1/1/2011 | | | <u> </u> | |
| GAT | | | GENERAL AGGREGATE \$ | 2,000,000 |
| A POLICY JECT LOC | | | PRODUCTS - COMP/OP AGG \$ | |
| OTHER | | | deductible \$ | 100,000 |
| AUTOMOBILE LIABILITY | | | COMBINED SINGLE LIMIT \$ | |
| | | | BODILY INJURY (Per person) \$ | |
| AUTOS AUTOS | | | BODILY INJURY (Per accident) \$ | |
| HIRED AUTOS AUTOS | | | PROPERTY DAMAGE (Per accident) | |
| | | | \$ | |
| 88 | | | EACH OCCURRENCE \$ | |
| EXCESS LIMB GLAMS-MADE | | | AGGREGATE | |
| DED RETENTIONS | | | \$ | |
| MURRERS COMPENSATION AND EMPLOYERS' LIABILITY Y IN | | | STATUTE OTH- | |
| ANY PROPRETOR/PARTNER/EXECUTIVE NIA | | | E.L. EACH ACCIDENT \$ | |
| (Mandatory in NH) If ves, describe under | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| DESCRIPTION OF OPERATIONS below | | | E.L. DISEASE - POLICY LIMIT & | |

Escrow/Closing Agent 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 ತಿಗಿದೆ professional services for others for a fee as Title Agent, Abstractor/Searcher

\$1,000,000 \$10,000

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

PER POLICY TERMS

1/1/2017

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& Privacy Liability

Cyber

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| 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 | Market / Brink |
|--------------------|--|---------------------------|----------------|
| CERTIFICATE HOLDER | Evidence of Insurance Coverage | | |

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