

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/07/2019

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 have ADDITIONAL INSURED provisions or 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 liqu of such endorsement(s).

th	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such	endor	sement(s).	,					
PRO	DUCER				CONTACT Matthew Franklin							
American Insurance Professionals						PHONE (A/C, No, Ext): FAX (A/C, No): (602) 424-3351						
A Division of Norman-Spencer						E-MAIL matthewfranklin@norman-spencer.com						
8075 Washington Village Drive						INSURER(S) AFFORDING COVERAGE NAIC #						
Dayton OH 45458						INSURER A: General Star Indemnity Company						
INSURED						INCORER A.						
Closing Pro Title & Escrow, LLC						INSURER B:						
•					INSURER C:							
4191 Pleasant Hill Road					INSURER D:						 	
Suite 100			CA 20006			INSURER E :						
Duluth			GA 30096			INSURER F:						
				NUMBER: 2019 - 2020	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		POLICY FEE POLICY FXP										
LTR	LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	DD/YYYY) L		IITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$ 1,00	0,000	
	CLAIMS-MADE OCCUR						08/08/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$		\$		
	Errors & Omissions					08/08/2019		MED EXP (Any one person) \$		\$		
Α	Retro Date: 7/6/2006			IJA324839C				PERSONAL & ADV INJURY \$		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,0		\$ 2,00	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$		\$		
	OTHER:						İ	Deductible \$ 5,00		0		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		\$		
	ANY AUTO							BODILY INJURY (Per person)		\$	-	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per	r accident)	\$		
	HIRED NON-OWNED							PROPERTY DAMAG	E	\$		
	AUTOS ONLY AUTOS ONLY						•	(Per accident)		\$		
	UMBRELLA LIAB OCCUP							EAGU GOOURRENO	-	-		
	EXCESS LIAB							EACH OCCURRENC	,E	\$		
	CLAIIVIS-IVIADE	1						•		\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under												
		N/A						E.L. EACH ACCIDENT \$				
							-			\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT	\$		
		<u> </u>										
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	-			=	-			- •			
	insurance afforded by this policy applies so ractor/Searcher and Escrow/Closing Agent		wron	grui acts in the insured's perio	ormance	or proressiona	il services for o	tners for a fee as	Title Agent	,		
About Section 5. Series Education Ordering Angular												
CERTIFICATE HOLDER						CANCELLATION						
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
	Evidence of Insurance Coverage	_				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Evidence of insurance Coverag											
		AUTHORIZED REPRESENTATIVE										
						Newy Lukeka						
		May o minu										