R
ACORD

## **CERTIFICATE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 03/03/2025

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. CONTACT PRODUCER NAME Aon Risk Services Northeast, Inc. PHONE (866) 283-7122 FAX (A/C. No.): 800-363-0105 New Jersey Office 44 Whippany Road, Suite Morristown NJ 07960 USA (A/C. No. Ext) Holder Identifier : E-MAIL Suite 220 ADDRES PRODUCER CUSTOMER ID #: 57000029054 INSURER(S) AFFORDING COVERAGE NAIC 42625 The Continental Insurance Co of NJ INSURED INSURER A: INSURER B Anywhere Real Estate Inc Anywhere Integrated Services LLC INSURER C 175 Park Ave. Madison NJ 07940 USA INSURER D: INSURER E: INSURER F 570111163237 COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: LOCATION OF PREMISES/ DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 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 570111163237 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 EFFECTIVE POLICY EXPIRATION TYPE OF INSURANCE POLICY NUMBER COVERED PROPERTY LIMITS LTR DATE (MM/DD/YYYY) DATE (MM/DD/YYYY) BUILDING PROPERTY PERSONAL PROPERTY CAUSES OF LOSS DEDUCTIBLES BUILDING BUSINESS INCOME BASIC EXTRA EXPENSE BROAD CERTIFICATE NUMBER: CONTENTS RENTAL VALUE SPECIAL BLANKET BUILDING EARTHQUAKE BLANKET PERS PROP WIND BLANKET BLDG & PP FI OOD TYPE OF POLICY INLAND MARINE CAUSES OF LOSS POLICY NUMBER NAMED PERILS 5096660540 03/01/2025 03/01/2026 A х Employee Dishonesty \$10,000,000 CRIME SIR applies per policy terms & conditions SIR \$1,000,000 x TYPE OF POLICY Crime - Primary BOILER & MACHINERY / ווינים אונים בעיניים באבעיבים באניים אינים אינים אינים. מעבר ג'נינין איני האניין ואינים באניים באניים אינים EQUIPMENT BREAKDOWN SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of Insurance for Secured Land Transfers LLC dba Burnet Title (Minnesota, Illinois, Wisconsin). 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. Anywhere Integrated Services LLC 1000 Bishop Gate Blvd., Suite 100 Mt. Laurel NJ 08054 USA AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast, Inc.

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AGENCY CUSTOMER ID:

LOC #:

ACORD®	ADDITIONAL	REM	ARKS SCHEDULE Page of	
AGENCY			NAMED INSURED	
Aon Risk Services, Northeas	st, Inc.		See Named Insured on Page 1	
POLICY NUMBER See Certificate Number				
CARRIER		NAIC CODE	—	
See Certificate Number			EFFECTIVE DATE: See Page One	
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Evidence of Liability Insurance				
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Schedule B				
CORPORATE OFFICE			EAGAN	
7550 France Avenue So., S	Suite 300		1875 Plaza Drive, Suite 100	
Edina, MN 55435			Eagan, MN 55122	
			EDEN PRAIRIE	
BUFFALO			11455 Viking Drive, Suite 310	
700 Highway 55 East			Eden Prairie, MN 55344	
Buffalo, MN 55313				
			EDINA	
Duluth			7550 France Avenue So., Suite 300	
1732 London Road			Edina, MN 55435	
Duluth, MN 55812			,	
,			HIGHLAND PARK	
Superior			1991 Ford Parkway	
3215 Tower Avenue, Suite	104		St. Paul, MN 55116	
Superior, WI 54880				
			HUDSON	
			2424 Monetary Boulevard, Suite 216	
			Hudson, WI 54016	

#### AGENCY CUSTOMER ID:

NAMED INSURED

CORD

# ADDITIONAL REMARKS SCHEDULE

NAIC CODE

AGENCY Aon Risk Services, Northeast, Inc. POLICY NUMBER See Certificate Number CARRIER See Certificate Number

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See Named Insured on Page 1

LOC #:

Page of

EFFECTIVE DATE: See Page One

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Evidence of Liability Insurance

### MINNEAPOLIS LAKES

Lake Calhoun Center 3033 Excelsior Blvd., Suite 150 Minneapolis, MN 55416

#### MINNETONKA

19400 Highway 7 Excelsior, MN 55331

#### OAKDALE

434 Hale Avenue, Suite 180 Oakdale, MN 55128

#### ROCHESTER

140 Elton Hills Lane NW, Suite 200 Rochester, MN 55901

#### SOUTH METRO

17305 Cedar Ave., Suite 100

Lakeville, MN 55044

#### SHOREVIEW/ARDEN HILLS

3900 Northwoods Drive, Suite 125, Arden Hills, MN 55112

**ST. CLOUD** 2680 W. St. Germain Street St. Cloud, MN 56301

WAYZATA 235 Lake Street East, Suite 200 Wayzata, MN 55391

WHITE BEAR LAKE 4801 Highway 61 N., Suite 100 White Bear Lake, MN 55110

#### WOODBURY

1625 Radio Drive, Suite 100 Woodbury, MN 55125

Updated 22/02/2024

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