

LBUND

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

3/18/2025

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.

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 lieu of such endorsement(s).

	f SUBROGATION IS WAIVED, subjective his certificate does not confer rights to the subject of the				ıch enc	lorsement(s)		/ require an en	dorsemen	it. A S	tatement on	
PRODUCER Norman-Spencer Agency 10050 Innovation Drive; Suite 340 Miamisburg, OH 45342 INSURED Metro Title LLC						CONTACT Laura Bund NAME: PHONE FAX						
						(A/C, No, Ext): (A/C, No):						
						E-MAIL ADDRESS: Laurabund@norman-spencer.com						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Hanover Atlantic Insurance Company Ltd						
						INSURER B:						
						INSURER C:						
6402 Railroad Avenue Crestwood. KY 40014					INSURER D:							
					INSURER E:							
						INSURER F:						
				E NUMBER:	LIAVE D	EEN IOOUED T	FO THE INOLU	REVISION NU			LIOV PEDIOD	
II C	'HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIE PAID CLAIMS	R DOCUMENT W BED HEREIN IS	ITH RESPE	CT TO	WHICH THIS	
INSF LTR	TYPE OF INSURANCE	ADDL SUE		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
Α	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRE	NCE	\$	1,000,000	
	X CLAIMS-MADE OCCUR X Errors & Omissions			L3D-H917300-03		4/1/2025	4/1/2026	DAMAGE TO REN PREMISES (Ea or		\$		
	X Retro 4/1/2004							MED EXP (Any one person) \$				
	X							PERSONAL & AD		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							GENERAL AGGR PRODUCTS - CO		\$, , , , , , , , , , , , , , , , , , ,	
	OTHER: AUTOMOBILE LIABILITY							Deductible COMBINED SING (Ea accident)	LE LIMIT	\$ \$	5,000	
	ANY AUTO							BODILY INJURY (Per nerson)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAM (Per accident)		\$		
	AOTOS GNET							(* 0* 0*00****)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCID	ENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - E.	A EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - P	OLICY LIMIT	\$		
The Abs its t 640 169	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC insurance afforded by this policy appli stractor/Searcher and Escrow/Closing A cerritories or possessions, Puerto Rico, 2 Railroad Avenue Crestwood, KY 4001 0 Ring Road Elizabethtown, KY 42701 0 Regency Road Lexington, KY 40503	es sò gent. or Ca	lely to	o wrongful acts in the insu Policy applies worldwide,	reds pe provide	erformance of	f professiona	al services for c				
CERTIFICATE HOLDER Evidence of Insurance Coverage						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						