

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/15/2025

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).

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PRODUCER	CONTACT NAME:	Affinity Insurance Services,	Inc.	
Affinity Insurance Services, Inc. 1100 Virginia Drive, Suite 250	PHONE (A/C, No, Ext):	866-854-1782	FAX (A/C, No):	800-567-4028
Fort Washington, PA 19034	E-MAIL ADDRESS:	acs@aon.com		
•	INSURER(S) AFFORDING COVERAGE			NAIC#
www.affinitycommercialsolutions.com 0G37135	INSURER A : SC	ottsdale Indemnity Company		15580
INSURED	INSURER B: Great American E & S Insurance Company			37532
Upward Settlement Services LLC 4050 Crums Mill Rd, Suite 104-A	INSURER C: Starr Indemnity & Liability Company			38318
Harrisburg PA 17112	INSURER D: AXIS Insurance Company			37273
3	INSURER E: Property and Casualty Ins Co of Hartford			34690
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: 85331811 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 LTR		TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Е	/	COMMERCIAL GENERAL LIABILITY			39 SBM BH9U5Z	8/1/2024	8/1/2025	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	/	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								,	\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
,	ANYF	PROPRIETOR/PARTNER/EXECUTIVE TIME	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	Prof	fessional Liability/E & O			EKI3566916	5/15/2025		\$1,000,000 Limit/\$10,000	) Retention
		ectors & Officers Liability			DOLF113675	5/15/2025	5/15/2026	\$1,000,000	
- 1		nmercial Crime			1000624841251	6/1/2025	6/1/2026	\$500,000	
D   Cyber Liability   P-001-003738931-01   6/15/2024   6/15/2025   \$1,000,000   DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
		surance and Closing/Escrow Service	•	CORD	TOT, Additional Remarks Schedule, may be	e attached il mor	e space is require	su)	

CERTIFICATE HOLDER	CANCELLATION		
Evidence of 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.		
1	Debra Weed		

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AGENCY CUSTOMER ID:	
LOC#	

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<b>ACORD</b> °

# ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED
Affinity Insurance Services, Inc.		Upward Settlement Services LLC 4050 Crums Mill Rd, Suite 104-A Harrisburg PA 17112
POLICY NUMBER		
39 SBM BH9U5Z		
CARRIER	NAIC CODE	
Property and Casualty Ins Co of Hartford	34690	EFFECTIVE DATE: 8/1/2024

#### ADDITIONAL REMARKS

# THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance (03/16) HOLDER: Evidence of Coverage ADDRESS:

### Locations:

Downtown (HQ) 260 Forbes Avenue Suite 1525, Pittsburgh, PA 15222 Sewickley 519 Broad Street, Sewickley, Pennsylvania, 15143 Shadyside 5513 Walnut Street, Pittsburgh, Pennsylvania, 15232 South Hills 100 Siena Drive, Suite 240, Upper St Clair, PA 15241 Fox Chapel 3400 Harts Run Road, Glenshaw, PA 15116 Wexford 100 Fowler Road, Suite 30, Warrendale, Pennsylvania, 15086