



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2025

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).

| <b>PRODUCER</b><br>Affinity Insurance Services, Inc.<br>1100 Virginia Drive, Suite 250<br>Fort Washington, PA 19034<br><br>www.affinitycommercialsolutions.com 0G37135 | <b>CONTACT NAME:</b> Affinity Insurance Services, Inc.<br><b>PHONE (A/C, No. Ext):</b> 866-854-1782<br><b>E-MAIL ADDRESS:</b> acs@aon.com<br><b>FAX (A/C, No):</b> 800-567-4028  |                               |        |  |       |   |       |   |       |   |       |   |       |                                   |       |
|--|--|-------------------------------|--------|--|-------|---|-------|---|-------|---|-------|---|-------|-----------------------------------|-------|
| <b>INSURED</b><br>UPWARD TITLE & CLOSING TEXAS LLC<br>2603 AUGUSTA DRIVE, SUITE 1125<br>HOUSTON TX 77057   | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Hartford Underwriters Insurance Company</td><td>30104</td></tr><tr><td>INSURER B: Great American Insurance Company</td><td>16691</td></tr><tr><td>INSURER C: Twin City Fire Insurance Company</td><td>29459</td></tr><tr><td>INSURER D: Travelers Casualty and Surety Co of Amer</td><td>31194</td></tr><tr><td>INSURER E: Scottsdale Indemnity Company</td><td>15580</td></tr><tr><td>INSURER F: AXIS Insurance Company</td><td>37273</td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Hartford Underwriters Insurance Company | 30104 | INSURER B: Great American Insurance Company | 16691 | INSURER C: Twin City Fire Insurance Company | 29459 | INSURER D: Travelers Casualty and Surety Co of Amer | 31194 | INSURER E: Scottsdale Indemnity Company | 15580 | INSURER F: AXIS Insurance Company | 37273 |
| INSURER(S) AFFORDING COVERAGE  | NAIC #   |                               |        |  |       |   |       |   |       |   |       |   |       |                                   |       |
| INSURER A: Hartford Underwriters Insurance Company   | 30104  |                               |        |  |       |   |       |   |       |   |       |   |       |                                   |       |
| INSURER B: Great American Insurance Company  | 16691  |                               |        |  |       |   |       |   |       |   |       |   |       |                                   |       |
| INSURER C: Twin City Fire Insurance Company  | 29459  |                               |        |  |       |   |       |   |       |   |       |   |       |                                   |       |
| INSURER D: Travelers Casualty and Surety Co of Amer  | 31194  |                               |        |  |       |   |       |   |       |   |       |   |       |                                   |       |
| INSURER E: Scottsdale Indemnity Company  | 15580  |                               |        |  |       |   |       |   |       |   |       |   |       |                                   |       |
| INSURER F: AXIS Insurance Company  | 37273  |                               |        |  |       |   |       |   |       |   |       |   |       |                                   |       |

**COVERAGES****CERTIFICATE NUMBER:** 84758805**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  | ADDL INSD                               | SUBR WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|---|----------|--------------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |   |          | 39SBABH5WZ8        | 7/5/2024                | 7/5/2025                | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$4,000,000<br>PRODUCTS - COMP/OP AGG \$4,000,000<br>\$ |
| A        | <input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                           |   |          | 39SBABH5WZ8        | 7/5/2024                | 7/5/2025                | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |   |          | 39SBABH5WZ8        | 7/5/2024                | 7/5/2025                | EACH OCCURRENCE \$3,000,000<br>AGGREGATE \$3,000,000<br>\$  |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y / N<br><input type="checkbox"/> N / A |          | 39WECBP5328        | 1/1/2025                | 1/1/2026                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000                                      |
| B        | Directors & Officers Liability   |   |          | DOLE070017         | 10/23/2024              | 10/23/2025              | \$1,000,000 Claim/Agg \$25,000 Retention  |
| D        | Commercial Crime/Fidelity  |   |          | 106265244          | 3/23/2025               | 3/23/2026               | \$4,000,000   |
| E        | E & O/Professional Liability   |   |          | EK13546212         | 10/23/2024              | 10/23/2025              | \$1,000,000 / \$25,000 Retention  |
| F        | Cyber Liability  |   |          | P-001-001293390-02 | 10/23/2024              | 10/23/2025              | \$1,000,000   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Real Estate Title Company 2603 Augusta Drive, Suite 1125 Houston, Texas 77057  
7630 Dowdell Road, Ste 202, Spring TX 77389. 24285 Katy Freeway, Suite 300, Office #2, Katy, TX 77494  
17721 Rogers Ranch Pkwy #200, San Antonio, Texas 78258  
7300 State Hwy 121 STE 460, McKinney TX 75070  
44 Cook St Ste 640 Denver CO 80206; 1751 River Run, Suite 200, Office 250, Fort Worth, Texas 76107

**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.

AUTHORIZED REPRESENTATIVE

Debra Weed

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD