

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/01/2021

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.

lf tl	SUE	BROGATION IS	S W	AIVED, subject	to th	ne te	rms and conditions of the ificate holder in lieu of su	e poli	cy, certain p	olicies may			
PRODUCER 866-854-1782								CONTACT George Tolis					
Affinity Insurance Services								PHONE 966-951-1792 FAX 900 567 4029					
Commercial Services PO Box 392055 Pittsburgh, PA 15251-9055									(A/C, No, Ext): (A/C, No): 000-367-4928 E-MAIL ADDRESS:				
i massign; i n 1929 19999									INSURER(S) AFFORDING COVERAGE				NAIC #
								INSURER A: Travelers					
INSURED REALTECH Title LLC								INSURER B : The Hartford					
		3001 Leadenha Mt. Laurel, NJ	ali K	ka .				INSURER C : Houston Casualty Company					
		wit. Laurei, No	000	J <del>-1</del>				INSURE			-		
								INSURER E :					
								INSURER F :					
	VED	AGES		CER	TIEI	^ A TE	NUMBER:	REVISION NUMBER:					
T II	HIS I	S TO CERTIFY ATED. NOTWIT	HST	T THE POLICIES	OF I	INSUF REME	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER	ED NAMED ABOVE FOR TI	CT TO	WHICH THIS
					POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS		J ALL	THE TERMO,
INSR LTR		TYPE OF IN	ISUR	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
В	Х	COMMERCIAL GE	NER	AL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR					39SBAAE1530		12/12/2020	12/12/2021	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 LI	MIT A	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PF	O- CT	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:	-									\$	
В	AUT	OMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO					39SBAAE1530		12/12/2020	12/12/2021	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY	Х	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		7,0100 01421		7.0100 01121							,	\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETE	ENTIC	ON \$								\$	
В	WOR	RKERS COMPENSA EMPLOYERS' LIAE	TION	ļ,							PER OTH- STATUTE ER		
					N/A		39WBCBP5328		01/01/2021	01/01/2022	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Man	NY PROPRIETOR/PARTNER/EXECUTIVE DEFICER/MEMBER EXCLUDED?									E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS be		ONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Α	Crir						107192459		12/12/2021	12/12/2022	Emp.Theft	_	2,000,000
С	Errors & Ommission					TAS-HS-0001915		12/12/2020	12/12/2021	E&O		1,000,000	
DES	CRIPT	TION OF OPERATIO	NS/	LOCATIONS / VEHIC	LES (A	ACORE	0 101, Additional Remarks Schedu	ile, may t	e attached if moi	re space is requii	red)		
CF	RTIF	ICATE HOLD	FR					CANO	CELLATION				
Evidence of Insurance								CAN	JLLLA I IUN				
								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					

NOTEPAD	INSURED'S NAME REALTECH TITLE LLC	REALT-2 OP ID: GTO	PAGE 2 Date 10/01/2021