



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/20/2024

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).

PRODUCER Aon Risk Services Northeast, Inc. New Jersey Office 44 Whippany Road, Suite 220 Morristown NJ 07960 USA	CONTACT NAME: _____	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): 800-363-0105
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Anywhere Real Estate Inc Anywhere Integrated Services LLC 175 Park Ave Madison NJ 07940 USA	INSURER A: Arch Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570109959311 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	
A	E&O - Miscellaneous Professional-Primary			SPL005271312 Claims-Made SIR applies per policy terms & conditions	12/17/2024	12/17/2025	Prof Liab Aggregate \$5,000,000 Self Insured Retent \$2,500,000 Prof Liab per polic \$5,000,000	

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

Abstractors & Escrow Agents, all branch offices of Secured Land Transfer LLC dba Burnet Title are included as named insureds on the above policy. The schedule B attachment shows all locations.

CERTIFICATE HOLDER Burnet Title 7550 France Avenue So., Suite 300 Edina MN 55435 USA	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

Holder Identifier :

570109959311

Certificate No :





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services, Northeast, Inc.		NAMED INSURED See Named Insured on Page 1	
POLICY NUMBER See Certificate Number			
CARRIER See Certificate Number	NAIC CODE	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

Schedule B

CORPORATE OFFICE

7550 France Avenue So., Suite 300
 Edina, MN 55435

EAGAN

1875 Plaza Drive, Suite 100
 Eagan, MN 55122

BUFFALO

700 Highway 55 East
 Buffalo, MN 55313

EDEN PRAIRIE

11455 Viking Drive, Suite 310
 Eden Prairie, MN 55344

Duluth

1732 London Road
 Duluth, MN 55812

EDINA

7550 France Avenue So., Suite 300
 Edina, MN 55435

Superior

3215 Tower Avenue, Suite 104
 Superior, WI 54880

HIGHLAND PARK

1991 Ford Parkway
 St. Paul, MN 55116

HUDSON

2424 Monetary Boulevard, Suite 216
 Hudson, WI 54016



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services, Northeast, Inc.		NAMED INSURED See Named Insured on Page 1	
POLICY NUMBER See Certificate Number			
CARRIER See Certificate Number	NAIC CODE	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