



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/22/2022

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. Morristown NJ 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:		
INSURED Anywhere Real Estate Inc Anywhere Integrated Services LLC 175 Park Ave. Madison NJ 07940 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Arch Insurance Company		11150
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 570094980214 **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	ADDL INSD	SUBR WVD	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	
	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)	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION						EACH OCCURRENCE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER	
A	E&O-MPL-Primary			SPL005271309 Claims Made Policy SIR applies per policy terms & conditions	12/17/2021	12/17/2022	Prof Liab Occ. Lmt	\$10,000,000
							Prof Liab Agg. Lmt	\$10,000,000
							SIR (each claim)	\$2,500,000

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 d/b/a 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 :

570094980214

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

EDINA

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

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 110
 Minneapolis, MN 55416

MINNETONKA

19400 Highway 7
 Excelsior, MN 55331

OAKDALE

434 Hale Avenue, Suite 180
 Oakdale, MN 55128

PLYMOUTH

4100 Berkshire Lane
 Plymouth, MN 55446

ROCHESTER

140 Elton Hills Lane NW, Suite 200
 Rochester, MN 55901

SOUTH METRO

17305 Cedar Ave., Suite 110
 Lakeville, MN 55044

Updated 12/7/21

SARTELL

2105 Troop Drive
 Sartell, MN 56377

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, Suite 203
 White Bear Lake, MN 55110

WOODBURY

576 Bielenberg Drive, Suite 100
 Woodbury, MN 55125