



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
12/12/2022

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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Morristown NJ Office 44 Whippany Road, Suite 220 Morristown NJ 07960 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): 800-363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Anywhere Real Estate Inc Anywhere Integrated Services LLC 175 Park Ave. Madison NJ 07940 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Arch Insurance Company		11150
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER:** 570096787115      **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. **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY ( Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
A	E&O-MPL-Primary			SPL005271310 Claims Made Policy SIR applies per policy terms & conditions	12/17/2022	12/17/2023	Prof Liab Occ. Lmt \$10,000,000 Prof Liab Agg. Lmt \$10,000,000 SIR (each claim) \$2,500,000

Certificate No : 570096787115

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****CANCELLATION**

Burnet Title 7550 France Avenue So., Suite 300 Edina MN 55435 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  <i>Aon Risk Services Northeast, Inc.</i>





AGENCY CUSTOMER ID:

LOC #:

# ADDITIONAL REMARKS SCHEDULE

Page of

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

<b>AGENCY</b> Aon Risk Services, Northeast, Inc.		<b>NAMED INSURED</b> See Named Insured on Page 1	
<b>POLICY NUMBER</b> See Certificate Number			
<b>CARRIER</b> See Certificate Number	<b>NAIC CODE</b>	<b>EFFECTIVE DATE:</b> 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 12/12/22

**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**

201 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