

CERTIFICATE OF LIABILITY INSURANCE

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 right PRODUCER		anoal	o notaci ili lica di sucili	CONTACT NAME:	(3).			
Aon Risk Services Northeast, Inc.				NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105				
orristown NJ Office 4 Whippany Road, Suite 220 orristown NJ 07960 USA)			E-MAIL ADDRESS:			(A/C. No.):	
orristown NJ 07960 USA				ADDRESS.	INS	URER(S) AFFO	RDING COVERAGE	NAIC #
NSURED				INSURER A:	Arch	Insurance	Company	11150
ealogy Holdings Corp.			•	INSURER B:	711 C11	254. 466		
ealogy Title Group LLC 75 Park Ave.				INSURER C:				
adison NJ 07940 USA				INSURER D:				
				INSURER E:				
				INSURER F:				
COVERAGES	CERTIFIC	CATE	NUMBER: 5700926325	68		RE	VISION NUMBER:	<u>l</u>
THIS IS TO CERTIFY THAT THE P INDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED C EXCLUSIONS AND CONDITIONS OF	ANY REQUIF OR MAY PERT OF SUCH POL	EMEN AIN, T ICIES	IT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAV	OF ANY CONT ED BY THE PO E BEEN REDU	RACT OLICIE: CED B	OR OTHER D S DESCRIBE Y PAID CLAIM	OCUMENT WITH RESPE D HEREIN IS SUBJECT 1	ECT TO WHICH THI
NSR LTR TYPE OF INSURANCE	ADD INSE	L SUBR WVD	POLICY NUMBER	POLIC (MM/DI	Y EFF VYYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	TS
COMMERCIAL GENERAL LIABILI	ITY						EACH OCCURRENCE DAMAGE TO BENTED	
CLAIMS-MADE OCC	UR						PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
GEN'L AGGREGATE LIMIT APPLIES PE							GENERAL AGGREGATE	
JECT L	OC						PRODUCTS - COMP/OP AGG	
OTHER:							COMBINED SINGLE LIMIT	
AUTOMOBILE LIABILITY							(Ea accident)	
ANY AUTO							BODILY INJURY (Per person)	
OWNED SCHEDUL AUTOS	.ED						BODILY INJURY (Per accident)	
HIRED AUTOS NON-OWI							PROPERTY DAMAGE (Per accident)	
ONLY AUTOS O	INLY						,	
UMBRELLA LIAB OCC	UR						EACH OCCURRENCE	
EXCESS LIAB CLAII	MS-MADE						AGGREGATE	
DED RETENTION								
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE OTH-	-
ANY PROPRIETOR / PARTNER / EXECUT	IVE Y/N						E.L. EACH ACCIDENT	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	ш						E.L. DISEASE-EA EMPLOYEE	
If yes, describe under DESCRIPTION OF OPERATIONS belo	w						E.L. DISEASE-POLICY LIMIT	
A E&O-MPL-Primary			SPL005271309 Claims Made Policy SIR applies per poli				Prof Liab per Polic Prof Liab Aggregate SIR (each claim)	
DESCRIPTION OF OPERATIONS / LOCATION Evidence of E&O Insurance fo ocations.	-						= -	ependence Title
CERTIFICATE HOLDER			CAN	NCELLATION				
			E		THERE		BED POLICIES BE CANCEL LL BE DELIVERED IN ACCO	
Independence Title Co 5900 Shepherd Mountai Building 2, Suite 200 Austin TX 78730 USA	in Cove		AUTH	IORIZED REPRESI			ices Northeast,	In

4CORD



ADDITIONAL REMARKS SCHEDULE

Page of

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

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 24/25 FORM TITLE: Evidence of Liability or Property Insurance



AUSTIN

Main Office

3916 Interstate 20 West, Ste 130 Arlington, TX 76017 Office: (512)454-4500 * Fax: (512)454559

Arboretum (ARB)

9442 Capital of Texas Highway, Building 1, Suite 100 Austin, TX 78759

Office: (372)8455 * Fax: 372-8577 * Back-Up Fax: 372-8321

Balcones (BAL)

5503 Balcones Drive Austin, TX 78731

Office: (512)814-2038 Fax: (512)814-2041

Bastrop (BAS)

301 Highway 71 West, Suite 106 Bastrop, TX 78602 Office (512)303-2567 * Fax (512)321-2558

Rollingwood (ROL)

2500 Bee Cave Road, Bldg. II, Suite 100

Austin, TX 78746

Office: (512)329-5299 * Fax: (512)329-0379

Buda Office (BUD)

211B N. FM 1626, Bldg. 2

Buda, TX 78610

Office: (512)523-3204 * Fax (512)852.3594

Cedar Park (CPK)

601 E. Whitestone Blvd., Bldg. 6 Ste. 100

Cedar Park, TX 78613

Office: (512)493-3401 * Fax: (512)493-3411

Dripping Springs (DRP)

310 US Hwy 290, Suite A Dripping Springs, TX 78620 Office: (512)894-3860 * Fax (512)894-3861

Elgin (ELG)

22 North Main Street Elgin, TX 78621 Office (512)303-2567 * Fax (512)321-2558

Georgetown Office (GTN)

1103 Rivery Place, Bldg 1, Ste. 110 Georgetown, TX 78628 Office: (512)931-2126 * Fax (512)931-2361

Lakeway (LAK)

1516 RR 620 #500 Lakeway, TX 78734

Office: (512)263-1703 * Fax: (512)263-1706

Lampasas (LAM)

703 South Western Avenue Lampasas, TX 76550 Office: (512)556-3607 * Fax: (512)556-3608

Crystal Springs (LND)

1789 S. Bagdad Road, Suite 101 Leander, TX 78641 Office: (512)493-3475 * Fax (512)493.3476



ADDITIONAL REMARKS SCHEDULE

Page of

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

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 24/25 FORM TITLE: Evidence of Liability or Property Insurance

Liberty Hill (LBI)

14362 West State Highway 29, Suite 202 Liberty Hill, TX 78642

Office (512) 515-0110 * Fax (512) 515-0115

Pflugerville Office (KFO)

203 W. Main Street, Suite A
Pflugerville, TX 78660
Office (512) 990-8050 * Fax (512) 990-9217

Round Rock (RRK)

101 E. Old Settlers Blvd., Suite 110 Round Rock, TX 78664 Office (512) 255-9593 * Fax (512) 255-9853

San Marcos (SMA)

1911 Corporate Drive, Suite 102 San Marcos, TX 78666 Office (512) 392-1271 * Fax (512) 392-1671

Tower of the Hills (TOH)

13809 N. Hwy 183, Suite 125 Austin, TX 78750 Office (512) 249-9320 * Fax (512) 249-8470

Westlake (WLK)

6836 Bee Cave Road, Bldg III, Suite 100 Austin, TX 78746 (512) 852-3400

Wimberley (WIM)

150 RR 3237 Wimberley, TX 78676 Office (512) 847-2278 * Fax (512) 847-5131

BeeCaves Parkway (BCP)

13215 BeeCave Parkway Bldg A, Suite 100 BeeCave, TX 78738

Office (512) 852-3433 * Fax (512) 852-3533

Lockhart Office (LKH)

104 S. Commerce Street Lockhart, TX 78644 Office (512) 398-2416 * Fax (512) 398-3201

Horseshoe Bay (HSB)

6810 FM 2147, Suite A Horseshoe Bay, TX 78657 Office (830) 598-4898 * Fax (830) 598-4776

Kingsland Branch (KLB)

2402 West Ranch Road 1431, Suite 1 Kingsland, TX 78639 Office (325) 270-0881 * Fax (325) 270-0877

AGENCY CUSTOMER ID:

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page of

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

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 24/25 FORM TITLE: Evidence of Liability or Property Insurance

SAN ANTONIO

Alamo Heights (TASA / AHSA)

300 Austin Hwy, Suite 200 San Antonio, TX 78209

Office: (210) 237-4660 * Fax: (210) 237-4560

Crown Ridge (CRSA)

19707 IH 10 West, Suite 101 San Antonio, TX 78257

Office: (210) 237-4620 * Fax: (210) 237-4520

Spring Branch (SBSA)

426 Singing Oaks #200 Spring Branch, TX 78070

Office: (830) 310-5310 * Fax: (830) 714-5374

New Braunfels (NBF)

417 W. San Antonio, Suite 100 New Braunfels, TX 78130 Office: (830) 629-8100 * Fax (830)

Office: (830) 629-8100 * Fax (830) 629-8111

Schertz (SHSA)

4917 FM 3009, Suite 100 Schertz, TX 78154 Office (210) 651-4171 * Fax (210) 651-4249

Stone Oak Office (SOSA)

18615 Tuscany Stone, Suite 150 San Antonio, TX 78258

Office: (210) 237-4640 * Fax (210) 237-4540

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY		NAMED INSURED
Aon Risk Services, Northeast, Inc.	See Named Insured on Page 1	
POLICY NUMBER		
See Certificate Number		
CARRIER	NAIC CODE	
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 24/25 FORM TITLE: Evidence of Liability or Property Insurance

DALLAS

Dallas Parkway (DPDA)

17855 Dallas Parkway, Suite 195

Dallas, TX 75287

Office: (972)349-6600 *Fax: (972)349-6652

Monticello (MODA)

3100 Monticello Avenue, Suite 925

Dallas, TX 75205

Office: (214)964-9820 *Fax: (214)964-9720

Plano (PLDA)

7800 Dallas Parkway, Suite 140

Plano, TX 75024

Office: (214)964-9810 *Fax: (214)349-6610

Independence Title (GBDA)

465 W. President George Bush Hwy., Ste. 102

Rickardson, TX 75080

Office: (972) 535-2102 Fax: (972) 535-2103

Arlington (ARDA)

3916 Interstate 20 West, Ste 130

Arlington, TX 76017

Office: (682)478-0001*Fax: (682)478-0002

Rockwall

2850 Shoreline Trail Suite 201

Rockwall, TX 75032

Office: (972)349-6640 *Fax (972)349-6641

Four Corners Office (ATDA)

6950 TPC Drive, Suite 180

McKinnev. TX 75070

Office: (214)964-9850 Fax (214)964-9750

Addison Office

4300 Spring Valley Road

Dallas, TX 75244

Office: (214)360-1542 Fax (214)360-7778

Las Colinas Office

909 Lake Carolyn Parkway, Suite 160

Irving, TX 75039

Office: (682)478-0005 *Fax: (682)478-0006

Mansfield

1380 Hwy 287 North, Suite 101

Mansfield, TX 76063

Office: (682)478-0003 *Fax: (682)478-0004

Park Cities/Uptown Office

3838 Oak Lawn Avenue, Suite 1000

Dallas, TX 75219

Office: (214)597-5093 *Fax: (214)964-9710

Cedar Hill Office (CHDA)

318 West Belt Line Road, Suite 302

Cedar Hill, TX 75104

Office (972)349-6655 *Fax: (972)349-6656

Lakewood Office (LWDA)

6301 Gaston Avenue, Suite 150

Dallas, TX 75214

Office: (214)964-9840 *Fax (214)964-9740

Mesquite (MEDA)

2424 Gus Thomasson Road, Suite A

Mesquite, TX 75150

Office: (972) 270-2488 Fax (972)349-6688

Preston Hollow Office

10000 N. Central Expressway, Suite 100

Dallas, TX 75231

Office: (214)269-8230 Fax (888)415-5890

AGENCY CUSTOMER ID:

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page of

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

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 24/25 FORM TITLE: Evidence of Liability or Property Insurance

HOUSTON OFFICES

Houston Office

1 Riverway, Suite 1700 Houston, TX 77056

Office: (713)622-3720 *Fax: (713)840-6351

Memorial Office

14201 Memorial Drive Houston, TX 77079

Office: (281)752-0400 *Fax: (888)415-5890

04/11/2022

Clear Lake Office (CLHD)

2525 Bay Area Blvd., Suite 100

Houston, TX 77058

Office (281)516-6282 Fax: (281)516-6283

The Woodlands Office

10077 Grogans Mills Road, Suite 260

The Woodlands, TX 77380

Office (832)838-8905 Fax: (832)838-8906