

OP ID: KC

CORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/14/2023

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an end	orsement	. A st	atement on	
PRODUCER 866-854-1782						CONTACT Affinity Insurance Services						
Affinity Insurance Services Affinity Commercial Services PO Box 392055					PHONE 866-854-1782 FAX 800-567-4028							
Pittsburgh, PA 15251-9055					[A/C, No, Ext): GOO GOT TO [A/C, No): GOO GOT TO [A/C, No]: GOO GOO GOT TO [A/C, NO]: GOO GOO GOO GOO GOO GOO GOO GOO GOO GO							
						INSURER(S) AFFORDING COVERAGE INSURER A : Starr Indemnity & Liability Co					NAIC#	
INSURED Carpenter Title Agency, LLC												
1302 E Second Ave Ste 201					INSURER B:							
Tampa, FL 33605					INSURER C:							
					INSURER D:							
						INSURER E :						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:								REVISION NU				
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIR PERTA POLIC	EME! AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WIT D HEREIN IS SU	TH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO REN' PREMISES (Ea oct	TED currence)	\$		
								MED EXP (Any one	e person)	\$		
								PERSONAL & ADV	/ INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	/IP/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (F	Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
	ACTOC ONET							(* 51 515 515 515 515 515 515 515 515 515		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCF	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	102	\$		
	DED RETENTION \$							7.00.1207112		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
								E.L. EACH ACCIDE	•	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA				
	If yes, describe under DESCRIPTION OF OPERATIONS below									\$		
Α	CRIME			1000624066231		07/22/2023	07/22/2024	FIDELITY	DEICY LIMIT	Φ	1,000,000	
											, ,	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requii	red)				
CEI	RTIFICATE HOLDER				CANO	ELLATION						
Evidence of Insurance						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						
						1/00C						