

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 04/18/2024

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 PRODUCED AND THE CERTIFICATE HOLDER.

ODUCER				CONTACT NAME:				
Aon Risk Services Northeast, Inc.					PHONE (A/C. No. Ext): (866) 283-7122 (A/C. No.): 800-363-0105			
Whi	rsey Office ppany Road,	Suite 220		E-MAIL				
orris	town NJ 079	60 USA		PRODUCER CUSTOMER ID #:	570000029054			
				COSTOMER ID #.		AFFORDING COVERAGE		NAIC #
Neuro					INSURER A: The Continental Insurance Co of NJ			42625
INSURED Anywhere Real Estate Inc					INSURER B:			72023
Anywhere Real Estate Inc Anywhere Integrated Services LLC								
75 Pa	rk Ave.		LLC	INSURER D:				
latso	n NJ 07940	USA		INSURER E:				
				INSURER F:				<u> </u>
	RAGES OF PREMISES/ DESCRI	IPTION OF PROPERTY	CERTIFICATE NUMBER: 57 (Attach ACORD 101, Additional Remarks Schedule, if more space is	0105133310	R	EVISION NUMBER:		
THIS	39. IS TO CERTIFATED. NOTWIT	TY THAT THE THSTANDING A BE ISSUED OR	O S. Pineapple Avenue, Suite 704, POLICIES OF INSURANCE LISTED BELOW NY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFO	HAVE BEEN ISSU OF ANY CONTR RDED BY THE POI	JED TO THE INSUF ACT OR OTHER LICIES DESCRIBED	RED NAMED ABOVE FOR DOCUMENT WITH RESPE	THE POLICY	PERIOD CH THIS
R		INDITIONS OF S	UCH POLICIES. LIMITS SHOWN MAY HAVE BEEN POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	COVERED PROPERTY	LIMITS	
TR	PROPERTY			DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	BUILDING		
CA	USES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY		
	BASIC	BUILDING	†			BUSINESS INCOME		
\vdash	BROAD	<u> </u>]			EXTRA EXPENSE		
\vdash	-	CONTENTS	Ţ			RENTAL VALUE		
\vdash	SPECIAL		ļ			BLANKET BUILDING		
L	EARTHQUAKE		ļ			BLANKET PERS PROP		
	WIND		ļ			BLANKET BLDG & PP		
L	FLOOD		1			H		
\perp			ļ			\vdash		
	INLAND MARINI	E	TYPE OF POLICY					
C.	AUSES OF LOSS		POLICY NUMBER					
	NAMED PERILS	3				П		
	7					H		
×	CRIME		596660540	03/01/2024	03/01/2025	χ Employee Dishonesty		\$5,000,0
⊢	YPE OF POLICY		SIR applies per policy terms & condit	ons		X SIR		\$1,000,0
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	BOILER & MAC					\square		
\bot	- EQUIPMENT B	REARDOWN						
						H		
			<u> </u>			<u> </u>	1	
			RD 101, Additional Remarks Schedule, may be attached if more lear Title Group.	space is required)				
CERTI	FICATE HOLD	ER		CANCELLATION	N			
	Clear Ti	tle Group		SHOULD ANY C DATE THEREOF, N	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
	555 Wash	ington Ave. ach FL 3313	, Ste. 350	AUTHORIZED				
	мтамт Ве	ac⊓ ⊦L ≾≾l≾	y usa	REPRESENTATIVE		60 000		6

Aon Risk Services Northeast, Inc.

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