

CERTIFICATE OF LIABILITY INSURANCE

7/12/2024

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 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).

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PRODUCER	CONTACT NAME: Affinity Insurance Services, Inc.			
Affinity Insurance Services, Inc. 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034	PHONE (A/C, No, Ext):	866-854-1782	FAX (A/C, No): 8	00-567-4028
	E-MAIL ADDRESS: acs@aon.com			
	INSURER(S) AFFORDING COVERAGE		NAIC#	
www.affinitycommercialsolutions.com 0G37135	INSURER A:	Hartford Underwriters Insurance Co	ompany	30104
INSURED Mercury Title LLC 3001 LEADENHALL RD MOUNT LAUREL NJ 08054	INSURER B: Travelers Casualty and Surety Co of Amer			31194
	INSURER C:			
	INSURER D :			
	INSURER E :			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER: 80918997		REVISION N	UMBER:	
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 CONTRACT OF SHALL PROJECT BY ALL THE TERMS, 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. POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) INSR ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LTR INSD WVD 10/29/2023 | 10/29/2024 Α **COMMERCIAL GENERAL LIABILITY** 39SBAAN9HHX EACH OCCURRENCE DAMAGE TO RENTED \$1,000,000 CLAIMS-MADE ✓ OCCUR \$1,000,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$2,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) Α **AUTOMOBILE LIABILITY** \$1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED 39SBAAN9HHX 10/29/2023 | 10/29/2024 **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB CLAIMS-MADE AGGREGATE** \$ DED RETENTION \$ \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Commercial Crime/Fidelity 108077261 6/17/2024 6/17/2025 100,000

CERTIFICATE HOLDER	CANCELLATION
Evidence of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Debra Weed

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809 S 52ND ST ROGERS, AR 72758-8602

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)