OP ID: KC

## CORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/01/2023

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 his certificate does not confer rights to							require an end	orsement	. As	tatement 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							
PO Box 39205					(A/C, No, Ext): (A/C, No): (A/C,							
Pittsburgh, PA 15251-9055												
						INSURER(S) AFFORDING COVERAGE INSURER A : Travelers Casualty & Surety Co					NAIC #	
INSURED REALtech Title, LLC					INSURE	R A : Travelers	Casualty & Suret	y C0			19030	
1000 Bishops Gate Blvd, #100 Mt. Laurel, NJ 08054					INSURER B:							
					INSURER C:							
						INSURER D:						
						INSURER E :						
						INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NU	MBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT POLIC	REME 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 SL	H RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	5		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
	POLICY PRO- LOC							PRODUCTS - COM	P/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	er accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
	76765 61121									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	<u> </u>		
								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							E.L. DISEASE - PO		\$		
Α	Commercial Crime			107192459		12/12/2023	12/12/2024	Employee	LICT LIMIT	Ψ	2,000,000	
								Theft				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	0 101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requi	red)				
CERTIFICATE HOLDER  EVIDENCE OF COVERAGE						CANCELLATION						
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHO	RIZED REPRESE	ENTATIVE	$\sim$				