

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/11/2024

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).

this certificate does not come rights to the certificate holder in field of such endorsement(s).						
PRODUCER	CONTACT NAME: Affinity Insurance Services, Inc.					
Affinity Insurance Services, Inc. 1100 Virginia Drive, Suite 250	PHONE (A/C, No, Ext):	866-854-1782	FAX (A/C, No):	300-567-4028		
Fort Washington, PA 19034	E-MAIL ADDRESS:	acs@aon.com				
	INSURER(S) AFFORDING COVERAGE			NAIC#		
www.affinitycommercialsolutions.com 0G37135	INSURER A : So	15580				
Upward Title I LLC dba Upward Title & Closing 6312 S. Fiddlers Green Circle, Suite 300E Greenwood Village CO 80111	INSURER B: Great American Insurance Company 16691					
	INSURER C: AXIS Insurance Company			37273		
	INSURER D: Starr Indemnity & Liability Company					
	INSURER E:					
	INSURER F:	<u> </u>				

COVERAGES CERTIFICATE NUMBER: 80437656 REVISION NUMBER:

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 CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		COMMERCIAL GENERAL LIABILITY				,,,	,,	EACH OCCURRENCE DAMAGE TO RENTED	\$
		CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
	AU'	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Ma	CICER/MEMBER EXCLUDED?	117.7					E.L. DISEASE - EA EMPLOYEE	\$
	If ye	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
		fessional Liability/E & O			EKI3524168	5/15/2024	5/15/2025	\$1,000,000 / \$10,000 Re	tention Limit
	B Directors & Officers Liability				DOLF113668	5/15/2024	5/15/2025	\$1,000,000	
		per Technology Liability			P-001-003723387-01	5/15/2024 6/1/2024	5/15/2025	\$1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

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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