

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

| | | | | | | 4/15/2024 |
|---|--|---------------------------|---|-----------|--|-----------|
| 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). | | | | | | |
| | | | | | | |
| Affinity Insurance Services, Inc. | PHONE PROPERTY FAX | | | | | |
| 1100 Virginia Drive, Suite 250 | | | (<u>(A/C, No, Ext):</u> 866-854-1782 (A/C, No): 800-567-4028 E-MAIL ADDRESS: acs@aon.com | | | |
| Fort Washington, PA 19034 | | | | | | |
| www.affinitycommercialsolutions.com 0G37135 | | | INSURER A : Sentine | | | NAIC # |
| INSURED | 0001 | | | | | 11000 |
| UPWARD TITLE & CLOSING TEXAS LLC | | | INSURER B : Great American Insurance Company INSURER c : Twin City Fire Insurance Company | | | 16691 |
| 2603 AUGUSTA DRIVE, SUITE 1125 | | | | | | 29459 |
| HOUSTON TX 77057 | | | INSURER D: Travelers Casualty and Surety Co of Amer | | | 31194 |
| | | | | | | |
| COVERAGES CERTIFICATE NUMBER: 79511003 | | | INSURER F : 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 WVD POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | | LIMITS | |
| A COMMERCIAL GENERAL LIABILITY | | 39SBAUM1419 | 5/23/2023 | 5/23/2024 | | 2,000,000 |
| CLAIMS-MADE 🖌 OCCUR | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$1 | ,000,000 |
| | _ | | | | MED EXP (Any one person) \$1 | 0,000 |
| | _ | | | | PERSONAL & ADV INJURY \$2 | 2,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE \$4 | 1,000,000 |
| ✓ POLICY PRO- JECT LOC | | | | | PRODUCTS - COMP/OP AGG \$4 | l,000,000 |
| OTHER: | | | | | \$ | |
| A AUTOMOBILE LIABILITY | | 39SBAUM1419 | 5/23/2023 | 5/23/2024 | COMBINED SINGLE LIMIT (Ea accident) \$2 | 2,000,000 |
| ANY AUTO | | | | | BODILY INJURY (Per person) \$ | |
| OWNED SCHEDULED AUTOS ONLY | | | | | BODILY INJURY (Per accident) \$ | |
| ✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) \$ | |
| | | | | | \$ | |
| UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE \$ | |
| EXCESS LIAB CLAIMS-MA | DE | | | | AGGREGATE \$ | |
| DED RETENTION \$ | | | | | \$ | |
| C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE | | 39WECBP5328 | 1/1/2024 | 1/1/2025 | ✓ PER STATUTE ER | |
| | | | | | | .000.000 |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | E.L. DISEASE - EA EMPLOYEE \$1 | ,, |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | ,000,000 |
| B Directors & Officers Liability | | DOLE070017 | 5/23/2023 | 5/23/2024 | \$1,000,000 Claim/Agg \$25, | 1 1 |
| D Commercial Crime/Fidelity | | 106265244 | 3/23/2024 | 3/23/2025 | \$4,000,000 | |
| | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | |
| Real Estate Title Company | | | | | | |
| Office Locations: 2603 Augusta Drive, Suite 1125 Houston, Texas 77057; 2001 Timberloch Place, Suite 500 The Woodlands, Texas 77380; | | | | | | |
| 18756 Stone Oak Parkway, Suite 200 San Antonio, Texas 78258; 7300 State Highway 121, Suite 100 McKinney, TX 75070 | | | | | | |
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| CERTIFICATE HOLDER | | CANCELLATION | NCELLATION | | | |
| | | | | | | |
| 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. | | | | | |
| | | | | | | |
| AUTORIZED REPRESENTATIVE | | | | | | |
| Debra Wood | | | | | | |
| | | | | | | |
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