OP ID: KC

CORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/20/2024

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.

lf th	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to	to the	ne tei certi	rms and conditions of th	ne polic	y, certain p	olicies may).	require an end	orsement	. As	tatement on	
PRODUCER 866-854-1782						CONTACT Affinity Insurance Services						
Affinity Insurance Services Affinity Commercial Services PO Box 392055 Pittsburgh, PA 15251-9055					PHONE (A/C, No, Ext): 866-854-1782 FAX (A/C, No): 800-567-4028							
					E-MAIL ADDRESS:							
					INSURER(S) AFFORDING COVERAGE						NAIC #	
						INSURER A : Axis Insurance Company					37273	
INSURED Cypress Title Corporation 1156 Scenic Drive # 100 Modesto, CA 95350											101210	
					INSURER B:							
					INSURER C:					1		
					INSURER D :						1	
						INSURER E:						
						INSURER F:						
				E NUMBER:				REVISION NU				
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S S DESCRIBE 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		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	TED currence)	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
	POLICY PRO- LOC							PRODUCTS - COM	IP/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (F	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$		
	AUTOS ONET							(i ci deoideiti)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	IOL	\$		
	DED RETENTION \$							7.OOREO/RE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER	OTH- ER	Ψ		
								E.L. EACH ACCIDE	· .	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA				
	If ves, describe under											
Α	DÉSCRIPTION OF OPERATIONS below Cyber Liability		F	P-001-001073525-02	02/17/2024	02/17/2025	E.L. DISEASE - POLICY LIMIT Aggregate		\$	1,000,000		
,	, ,					V2 / 2V 2.	52,11,2525	Retention			15,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	ACORD) 101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requi	red)				
CE	RTIFICATE HOLDER				CANO	ELLATION						
Evidence of Insurance						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE						
					7) N Mara	11/00	\sim				

NOTEPAD Cypress Title Corporation CYPRESS PAGE 2
OP ID: KC Date 02/20/2024

Location 1: 3522 Deer Park Drive, Suite B, Stockton, CA. 95219

Location 2: 1200 East Orangeburg Avenue Suite.101 Modesto, CA 95350

Location 3: 1600 N. Carpenter Rd, Suite A2, Modesto CA 95351

Location 4: 693 E Olive Ste 1, turlock CA 95380

Location 5: 1156 Scenic Dr Ste 100 Modesto CA 95350

Location 6:1512 Eureka Road #130 Roseville CA 95661