					PROGR-6 ABILITY INSURANCE					OP ID: KC	
A		EF	RTI	FICATE OF LI					DATE (MM/DD/YYYY) 12/11/2023		
	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OI	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	E POLICIES	
1	MPORTANT: If the certificate holder f SUBROGATION IS WAIVED, subject his certificate does not confer rights t	t to t	he te	rms and conditions of th	ne polic	y, certain p	olicies may	NAL INSURED provisio require an endorseme	onsorb nt.As	e endorsed. tatement on	
PRODUCER 866-854-1782 Affinity Insurance Services Affinity Commercial Services						CONTACT NAME: Affinity Insurance Services PHONE (A/C, No, Ext): 866-854-1782 FAX (A/C, No): 800-567-4028					
PO I Pitts	Bóx 392055 sburgh, PA 15251-9055				E-MAIL ADDRE	SS: INS	URER(S) AFFOR	DING COVERAGE		NAIC #	
					INSURE	RA: ^{Palomar Ex}	cess and Surplu	is Ins		16754	
INSURED Progressive Title Company 300 Commerce						INSURER B :					
	Irvine, CA 92602		INSURER C :								
				INSURER D :							
					INSURE						
COVERAGES CERTIFICATE NUMBER:											
	DVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES							REVISION NUMBER:			
	NDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUII PER1	REME ΓΑΙΝ,	INT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESP	ЕСТ ТО	WHICH THIS	
INSF LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:	──						COMBINED SINGLE LIMIT	\$		
								(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS							BODILY INJURY (Per acciden	t) \$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		+							\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
		-						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE										
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE	\$:= ¢		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
A	Cyber Liability			PLM-CB-SF5GA3GER		12/21/2023	12/21/2024	Cyber	φ	1,000,000	
			A.CO.D.	D 101 Additional Remarks Saled		a attached if may					
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LE5 (.	ACOR	D 101, Additional Remarks Schedt	lie, may b	e attached if mor	e space is requir	ed)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
				EVIDENC				ESCRIBED POLICIES BE EREOF, NOTICE WILL			
Evidence of Insurance						ACCORDANCE WITH THE POLICY PROVISIONS.					
							NIT A TO /-				
					AUTHO	RIZED REPRESE		\cap			
					_) alra	Hee	\mathcal{C}			

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