OP ID: KC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2023

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.

lf tl	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to	to the	certi	ificate holder in lieu of su	ch end	lorsement(s)	•	-	. A st	tatement on	
PRODUCER 866-854-1782 Affinity Insurance Services Affinity Commercial Services PO Box 392055 Pittsburgh, PA 15251-9055						CONTACT Affinity Insurance Services					
						PHONE (A/C, No, Ext): 866-854-1782 FAX (A/C, No): 800-567-4028					
						E-MAIL ADDRESS:					
										NAIC #	
						INSURER A : Axis Insurance Company				37273	
INSURED Upward Title & Closing Texas LLC 2603 Augusta Drive, Ste 1125 Houston, TX 77057						INSURER B:					
						INSURER C:					
						INSURER D :					
					INSURER E :						
					INSURE						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
T IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH I	OF I	NSUF EME AIN, CIES.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER IS DESCRIBE	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	OT 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 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:							TRODUCTO GOINITOL ACC	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY								\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							FACIL OCCUPRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE			
	DED RETENTION \$							AGGREGATE	\$		
								PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR (TARTALE PROPERTY OF A PARTY OF A PAR							STATUTE ÉR	•		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
Δ	DÉSCRIPTION OF OPERATIONS below  Cyber Liabiliy			P-001-001293390-01		10/23/2023	10/23/2024	E.L. DISEASE - POLICY LIMIT  Cyber	\$	1,000,000	
	o, as a lability			1-001-001293390-01		10/23/2023	10/23/2024	Retention		2,500	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (#	ACORE	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)			
CE	PTIEICATE HOLDER				CANC	TELL ATION					
CE	RTIFICATE HOLDER			EVIDENC	CANC	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.					
						RIZED REPRESEI	. /	C			

ACORD