

OP ID: KC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/16/2023

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 tł	SUBROGATION IS WAIVED, subject in scertificate does not confer rights to	to the	certi	ificate holder in lieu of su	ch end	orsement(s)	•	-	. A st	atement on	
PRODUCER 866-854-1782 Affinity Insurance Services Affinity Commercial Services PO Box 392055						CONTACT Affinity Insurance Services					
						PHONE (A/C, No, Ext): 866-854-1782 FAX (A/C, No): 800-567-4028					
PO Box 392055 Pittsburgh, PA 15251-9055					E-MAIL acs@aon.com						
						INSURER(S) AFFORDING COVERAGE			NAIC #		
						INSURER A : Axis Insurance Company				37273	
Upward Title Company 801 N. Brand Blvd., Ste 420 Glendale, CA 91203 COVERAGES CERTIFICATE NUMBER:						INSURER B:					
						INSURER C :					
						INSURER D :					
						RE:					
						RF:					
						REVISION NUMBER:					
T IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REGERTIFICATE MAY BE ISSUED OR MAY FACLUSIONS AND CONDITIONS OF SUCH F	OF I QUIR PERT	NSUF REME AIN,	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	Y CONTRACT THE POLICIES	OR OTHER I S DESCRIBEI	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	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 - COMITTOL ACC	\$ \$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(i ei accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							AGGILGATE	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-	Φ		
	AND EMPLOYERS' LIABILITY ANY DEODESIC OF A DETNICE / EVEC LITIVE Y / N							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			
Α	DÉSCRIPTION OF OPERATIONS below Cyber Liability			P-001-001057344-01		02/17/2023	02/17/2024	E.L. DISEASE - POLICY LIMIT Claim/Agg	\$	1,000,000	
	,,			1 -001 -001037344-01		021112020	02/11/2024	Rententio		15,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ACORE	O 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)			
	DTIEICATE HOLDER				CANC	YELL ATION					
CE	RTIFICATE HOLDER				CANC	ELLATION					
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. AUTHORIZED REPRESENTATIVE					

ACORD