

OP ID: KC

DATE (MM/DD/YYYY) 07/03/2023

ACORD

CERTIFICATE OF LIABILITY INSURANCE

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)

PRODUCER	866-854-1782	CONTACT Affinity Insurance Services			
Affinity Insurance Services Affinity Commercial Services PO Box 392055		PHONE (A/C, No, Ext): 866-854-1782	FAX (A/C, No): 800-567-4	1028	
PO Box 392055 Pittsburgh, PA 15251-9055		E-MAIL ADDRESS: acs@aon.com			
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A : Scottsdale Insurance Company		15580	
INSURED Carpenter Title Agency, LLC 1302 E Second Ave Ste 201 Tampa, FL 33605		INSURER B : Hartford Underwriters Ins Co		30104	
		INSURER C : Starr Indemnity & Liability Co	38318		
•		INSURER D : Axis Insurance Company	37273		
		INSURER E :			
		INSURER F:			

CERTIFICATE NUMBER: COVERAGES 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
В	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	2,000,000
		CLAIMS-MADE X OCCUR			39SBMAT1H5J	07/01/2023	07/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
С		CRIME			1000624066221	07/22/2022	07/22/2023	PERSONAL & ADV INJURY	\$	2,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4,000,000
		POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	4,000,000
		OTHER:						CRIME	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
		ANY AUTO			39SBMAT1H5J	07/01/2023	07/01/2024	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
	WOR AND	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	<u> </u>	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
		CER/MEMBER EXCLUDED?	,,,					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes DESC	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Error	s & Omissions			EKI3484366	07/01/2023	07/01/2024	Occ/Agg		1,000,000
D	CYE	BER			P-001-001146491-01	07/01/2023	07/01/2024	Occ/Agg		1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

CERTIFICATE HOLDER		CANCELLATION
Evidence of Insurance	VIDENC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1		AUTHORIZED REPRESENTATIVE