

OP ID: KC

DATE (MM/DD/YYYY) 04/11/2023

CERTIFICATE OF LIABILITY INSURANCE

ACORD

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.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to				ıch end	orsement(s)		require an endorsement	. A st	atement on	
PRODUCER 866-854-1782						CONTACT NAME:					
Affinity Insurance Services Affinity Commercial Services PO Box 392055						PHONE 866-854-1782 FAX 800-567-4028					
PO Box 392055						(A/C, No, Ext): (A/C, No): (A/C, No): ADDRESS:					
Pittsburgh, PA 15251-9055 Aon - FSG											
						INSURER(S) AFFORDING COVERAGE INSURER A : Great American Insurance					
INSURED Guardian Title Company						INSURER B:					
450 Exchange Suite 100 Irvine, CA 92602						INSURER C:					
11 VIII.C, OA 32002						INSURER D :					
						INSURER E:					
00VED 4 0 F 0						INSURER F:					
				E NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY R XCLUSIONS AND CONDITIONS OF SUCH I	QUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS	
INSR			SUBR WVD			POLICY EFF	POLICY EXP	LIMITS			
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	, one nomber		(MINI/DD/XXXX)	(MM/DD/YYYY)				
	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-										
								PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
		N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	IN / A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Directors &			DOL1346029		03/23/2023	03/23/2024	Claim/Agg		1,000,000	
	Officers										
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (CORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)			
<u></u>	DTIEICATE HOLDED			CANC	CANCELL ATION						
CE	RTIFICATE HOLDER		EVIDENC	CANCELLATION							
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					