_						GUARDIA	_	
A		ERTIFIC	CATE OF LIAE	BILITY INS	SURAI	NCE	DATE (MM/DD/YY) 05/19/2022	,
C B	ERTIFICATE DOES NOT A	FFIRMATIVELY E OF INSURAN	ER OF INFORMATION ONL OR NEGATIVELY AMEND ICE DOES NOT CONSTITU E CERTIFICATE HOLDER.	, EXTEND OR ALT	ER THE CO	VERAGE AFFORDED B	TE HOLDER. T BY THE POLIC	'HIS CIES
tl		he policy, certa	ADDITIONAL INSURED, the in policies may require an e					
PRC	DUCER			CONTACT George	Tolis			
Cor PO	nity Insurance Services nmercial Services Box 392055 sburgh, PA 15251-9055			PHONE (A/C, No, Ext): 866-85 E-MAIL ADDRESS:	4-1782	FAX (A/C, No):		
				INSURER A :	URER(S) AFFOR	DING COVERAGE	NAIC	;#
INSU	JRED Guardian Title Cor			INSURER B :				
	300 Commerce Dr Irvine, CA 92602	Ste 250		INSURER C :				
				INSURER D : QBE Specialty				
				INSURER E :				
		000000		INSURER F :				
	VERAGES		ATE NUMBER: ISURANCE LISTED BELOW HA			REVISION NUMBER:		
IN C E	NDICATED. NOTWITHSTANDIN ERTIFICATE MAY BE ISSUED XCLUSIONS AND CONDITIONS	IG ANY REQUIRE OR MAY PERTA	EMENT, TERM OR CONDITION NN, THE INSURANCE AFFORE IES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO WHICH T O ALL THE TER	THIS
INSR LTR	TYPE OF INSURANCE	INSR V	POLICY NUMBER	(MM/DD/YTYY)	(MM/DD/YYYY)	LIMIT	-	
						EACH OCCURRENCE DAMAGE TO RENTED	\$	
	COMMERCIAL GENERAL LIAE	CCUR				PREMISES (Ea occurrence) MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY	\$	
	·					GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES	PER:				PRODUCTS - COMP/OP AGG	\$	
	POLICY PRO- JECT	LOC					\$	
						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	\$	-
	AUTOS AUTO					BODILY INJURY (Per accident)		
	HIRED AUTOS	S S S S S S S S S S S S S S S S S S S				PROPERTY DAMAGE (PER ACCIDENT)	\$ \$	
		CCUR				EACH OCCURRENCE	\$	
	DED RETENTION \$	AIMS-MADE				AGGREGATE	\$	
	WORKERS COMPENSATION					WC STATU- TORY LIMITS ER	φ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXEC					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	-
	If yes, describe under DESCRIPTION OF OPERATIONS be	low				E.L. DISEASE - POLICY LIMIT	\$	
D	Errors & Ommissions		STA10684-01	05/22/2022	05/22/2023	Claim/Agg	1,00	00,00
Pro Loc 300	oof of Insurance cations:) Commerce Suite 250	, Irvine, C	tach ACORD 101, Additional Remarks A 92602 5, San Diego, CA 923		s required)			
CE	RTIFICATE HOLDER			CANCELLATION				
	Guardian Title C 300 Commerce S	Ste 250		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	Irvine, CA 92602							
				h.	hm			
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