

LBUND

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/18/2023

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. 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).

this certificate does not confer rights t							require an endorsemer	п. дз	tatement on	
PRODUCER				CONTA NAME:	ст Laura Ві	ınd				
Norman-Spencer Agency 10050 Innovation Drive; Suite 340 Miamisburg, OH 45342 INSURED Mercury Title LLC; Mercury Title Agency; Mercury Settlement Services LLC 3595 N College Avenue					PHONE FAX (A/C. No. Ext): (A/C. No):					
					E-MAIL ADDRESS: Laurabund@norman-spencer.com					
					INSURER(S) AFFORDING COVERAGE NAIC					
					INSURER A: Hanover Atlantic Insurance Company Ltd					
					INSURER B:					
					INSURER C:					
					INSURER D:					
Fayetteville, AR 72703				INSURER E:						
				INSURER F:						
COVERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORN LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	ECT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
A COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000	
X CLAIMS-MADE OCCUR			L3D-H917496-01		5/1/2023	5/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
χ Errors & Omissions							MED EXP (Any one person)	\$		
χ Retro Date 5/1/2004							PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000	
X POLICY PROJECT LOC							PRODUCTS - COMP/OP AGG Deductible	\$	5,000	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
7.0.00 0.12.								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC The insurance afforded by this E&O policy Agent, Abstractor/Searcher and Escrow/Clo The insurance afforded by this Policy appli possessions, Puerto Rico, or Canada, inclu	osing es wo	Ager orldw	nt							
3595 N College Avenue Fayetteville, AR 727 809 S 52nd Street Rogers, AR 72758	Ŭ	•								
CERTIFICATE HOLDER				CANC	ELLATION					
OLIVIA IOATE HOLDEN				CAN	ZEERION					
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					