

OP ID: KC

DATE (MM/DD/YYYY) 01/10/2024

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 his certificate does not confer rights to							require an endorsement	. A st	atement on	
PRODUCER 866-854-1782						CONTACT Affinity Insurance Services					
						PHONE 866-854-1782 FAX 800-567-4028					
Affinity Insurance Services Affinity Commercial Services PO Box 392055						(A/C, No, Ext): (A/C, No): (A/C,					
Pittsburgh, PA 15251-9055											
						INSURER(S) AFFORDING COVERAGE INSURER A : RLI Insurance Company					
INSURED Progressive Title Company Inc.						INSURER B:					
300 Commerce Suite 250						INSURER C:					
Irvine, CA 92602						INSURER D:					
						INSURER E :					
					INSURER F:						
CO	VERAGES CERT	TIFIC	CATE	E NUMBER:				REVISION NUMBER:			
II C	HIS IS TO CERTIFY THAT THE POLICIES VDICATED. NOTWITHSTANDING ANY RE- PERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	OT 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	INOD				(MIN/DD/1111)	(MIN/DD/1111)	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- LOC										
								PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	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	Ψ		
									Φ.		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If ves, describe under							E.L. DISEASE - EA EMPLOYEE			
_	DÉSCRIPTION OF OPERATIONS below			RTP0042191		04/40/0004	04/40/0005	Per Claim	\$	2,000,000	
Α	Errors & Omissions Deductible			\$25,000		01/13/2024	01/13/2025	Aggreg		2,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CE	RTIFICATE HOLDER			CANC	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					