



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/30/2024

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 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 AFFINITY INS SERVICES INC/PHS 39320229 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME: PHONE (866) 467-8730		FAX (A/C, No):
	(A/C, No, Ext):		E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE			NAIC#
INSURED Mercury Title LLC 3001 LEADENHALL RD MOUNT LAUREL NJ 08054-4609	INSURER A: Hartford Underwriters Insurance Company		30104
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS			
A	COMMERCIAL GENERAL LIABILITY	X		39 SBA AN9HHX	10/29/2024	10/29/2025	EACH OCCURRENCE	\$1,000,000		
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000		
	X General Liability						MED EXP (Any one person)	\$10,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$1,000,000		
	OTHER:						GENERAL AGGREGATE	\$2,000,000		
							PRODUCTS - COMP/OP AGG	\$2,000,000		
A	AUTOMOBILE LIABILITY			39 SBA AN9HHX	10/29/2024	10/29/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO						BODILY INJURY (Per person)			
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>						BODILY INJURY (Per accident)			
	X HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						PROPERTY DAMAGE (Per accident)			
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE			
	DED	RETENTION \$					AGGREGATE			
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						Y/N	N/A	E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE -EA EMPLOYEE	
									E.L. DISEASE - POLICY LIMIT	
A	Employment Practices Liability Insurance			39 SBA AN9HHX	10/29/2024	10/29/2025	Each Claim Limit	\$25,000		
							Annual Aggregate Limit	\$25,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Those usual to the Insured's Operations. Certificate Holder is listed as Additional Insured/ Manager of Lessors of Premesis.

CERTIFICATE HOLDER

3595 N College Avenue Associates
3593 N COLLEGE AVE
FAYETTEVILLE AR 72703

CANCELLATION

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

Susan J. Castaneda

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