

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

LBUND

BURNTIT-01

									21	21/2025
CI BI	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEN	ID OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES
lf	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subje is certificate does not confer rights t	ct to	the	terms and conditions of t	the poli	cy, certain	policies may			
PRO	DUCER				CONTAC	T Laura Bi	und			
Norman-Spencer Agency 10050 Innovation Drive; Suite 340 Miamisburg, OH 45342						PHONE FAX				
						(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: Laurabund@norman-spencer.com				
wiar	hisburg, OH 45342			-	ADDRES					
				-		INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURER	A: Hanove	er Atlantic I	nsurance Company L	td	
INSURED						INSURER B : Coalition Insurance Company				
Burnet Title of Indiana LLC 833 West Lincoln Highway, Suite 380E Schererville, IN 46375					INSURER C :					
					INSURER D :					
				F						
-				I	INSURER	F:				
CO	/ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CE E>	IIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	equi Per Poli	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE E	I OF AN DED BY	IY CONTRA THE POLIC EDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	X CLAIMS-MADE OCCUR			L3D-H895981-02		3/14/2024	3/14/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	χ Errors & Omissions							. ,		
	X Retro 3/14/2012							MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							Deductible	\$	5,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED									
								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$	1							\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	, w	
	AND EMPLOYERS' LIABILITY									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below			A 4444 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		0 /0 F /0 /	0/07/07-0	E.L. DISEASE - POLICY LIMIT	\$	4 444 447
в	Cyber Liability			C-4MA1-258340-CYBER-2	2025	2/25/2025	2/25/2026	Limits Per Schedule		1,000,000
The i	RIPTION OF OPERATIONS / LOCATIONS / VEHIC nsurance afforded by the E&O policy a ht, Abstractor/Searcher and Escrow/Clo	pplie	s sol	ely to wrongful acts in the i	e, may be insured	attached if mor s performan	re space is requince of profess	^{ed)} ional services for others	for a f	ee as Title

CERTIFICATE HOLDER	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					
	BIT					

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