

**LBUND** 

**CERTIFICATE OF LIABILITY INSURANCE** 

DATE (MM/DD/YYYY)

2/27/2025

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.

		ertificate does not confer rights				ıch end	dorsement(s)		require an endorsemen	AS	tatement on	
PRODUCER Norman-Spencer Agency 10050 Innovation Drive; Suite 340 Miamisburg, OH 45342  INSURED							CONTACT Laura Bund					
							PHONE					
							E-MAIL ADDRESS: Laurabund@norman-spencer.com					
							INSURER(S) AFFORDING COVERAGE					
							INSURER A : Hanover Atlantic Insurance Company Ltd					
							INSURER B: Coalition Insurance Company				29530	
		<b>Burnet Title of Indiana LLC</b>				INSURER C:						
833 West Lincoln Highway, Suite 380E Schererville, IN 46375							INSURER D:					
							INSURER E:					
							INSURER F:					
CO	VER	RAGES CEF	RTIFI	CATE	E NUMBER:				REVISION NUMBER:			
IN C	IDIC <i>I</i> ERTI	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	REQU ' PER	IREME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC Y THE POLICI	CT OR OTHER	R DOCUMENT WITH RESPE	CT TC	WHICH THIS	
INSR TYPE OF INCUPANCE				SUBR		POLICY		POLICY EXP				
A		COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
		X CLAIMS-MADE OCCUR			L3D-H895981-03		3/14/2025	3/14/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	Х	Errors & Omissions			202 11000001 00		0,1 1,2020	0/1 1/2020	MED EXP (Any one person)	\$		
	X	Retro 3/14/2012							PERSONAL & ADV INJURY	\$		
	GEN	) N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000	
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
		OTHER:							Deductible	\$	5,000	
	AUT	FOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
		ANY AUTO							(Ea accident)     BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		AUTOS ONLY							(i ei accident)	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE	<b>=</b>						AGGREGATE	\$		
	DED RETENTION \$									\$		
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	Ť		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
		ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
В		per Liability			C-4MA1-258340-CYBER-	2025	2/25/2025	2/25/2026	Limits Per Schedule		1,000,000	
ıne	ınsu	TION OF OPERATIONS / LOCATIONS / VEHIC rance afforded by the E&O policy bstractor/Searcher and Escrow/Cl	аррие	es soi	ely to wrongful acts in the	ıle, may t	pe attached if mor ds performan	e space is requir Ce of profess	ed) sional 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.						
						AUTHO	RIZED REPRESE	NTATIVE				
						F		7				