

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 12/20/2024

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 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).								
PRODUCER			CONTACT NAME:					
Aon Risk Services Northeast, New Jersey Office	Inc.		PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C. No.): 800-363-0105	5		
44 Whippany Road, Suite 220 Morristown NJ 07960 USA			E-MAIL ADDRESS:		•			
				INSURER(S) AFFORDING COVERAGE				
INSURED			INSURER A:	Arch Insurance Comp	any	11150		
Anywhere Real Estate Inc Anywhere Integrated Services	11.6		INSURER B:					
175 Park Ave	LLC		INSURER C:					
Madison NJ 07940 USA			INSURER D:					
			INSURER E:					
			INSURER F:	·				
COVERACES	CERTIFICATE NUMBER.	57010005056/	1	DEVICIO	N NUMBER.	•		

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,

INICD								Limits snown are as requested				
INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY								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- JECT LOC								PRODUCTS - COMP/OP AGG			
		OTHER:		,								
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)			
	ANY AUTO									BODILY INJURY (Per person)		
	OWNED SCHEDULED							BODILY INJURY (Per accident)				
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE				
	DED RETENTION		İ									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER /							PER STATUTE OTH- ER				
			N/A	.,,				E.L. EACH ACCIDENT				
	EXECUTIVE OFFICER/MEMBER (Mandatory in NH)		N/A					E.L. DISEASE-EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT				
Α	A E&O - Miscellaneous Professional-Primary					SPL005271312 Claims-Made SIR applies per policy ter			Prof Liab Aggregate \$5,000,000 Self Insured Retent \$2,500,000 Prof Liab per polic \$5,000,000			
		05 05										

Evidence of Professional Liability insurance for Cornerstone Title Company, a subsidiary of Anywhere Real Estate Inc. Acting a a provider of title abstract, closing, escrow, and settlement services.

AUTHORIZED REPRESENTATIVE

CERTIFICATE HOLDER	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.

Anywhere Integrated Services LLC 1000 Bishop Gate Blvd., Suite 100 Mt. Laurel NJ 08054 USA

Son Prish Services Northeast, Inc.

AGENCY CUSTOMER ID:

570000029054

LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED		
Aon Risk Services Northeast, Inc.	Anywhere Real Estate Inc		
POLICY NUMBER			
See Certificate Number: 570109632058			
CARRIER	NAIC CODE		
See Certificate Number: 570109632058		EFFECTIVE DATE:	

ADDITIONAL REMARKS
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Cornerstone Title Office Locations
19330 Stevens Creek Boulevard, Cupertino, CA 95014 9280 W. Stockton Boulevard #106, Elk Grove, CA 95758 506 N. Santa Cruz Avenue, Los Gatos, CA 95030 2200-B Douglas Boulevard, Roseville, CA 95661 600 Bicentennial Way, Santa Rosa, CA 95403 1702 Meridian Avenue #D, San Jose, CA 95125