Δ							CYPRESS	-	OP ID: KC		
<u> </u>	CERII		ATE OF LIAE					01/	28/2025		
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.											
th	IPORTANT: If the certificate holder te terms and conditions of the policy, ertificate holder in lieu of such endors	certain p	olicies may require an e								
PRO	DUCER hity Insurance Services		CONTACT Affinity Insurance Services								
Affir	nity Commercial Services Box 392055			PHONE (A/C, No, Ext): 866-854-1782 E-MAIL FAX (A/C, No): 800-567-4028							
Pittsburgh, PA 15251-9055					E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #						
			INSURER A : Starr Surplus Lines								
INSU		n			INSURER B :						
	1156 Scenic Drive # 100 Modesto, CA 95350			INSURE	INSURER C :						
				INSURER D :							
				INSURE							
CO	VERAGES CER	TIFICATE	ENUMBER:	INSURI	ых Г .		REVISION NUMBER:				
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN DED BY	Y CONTRACT THE POLICIE	OR OTHER	DOCUMENT WITH RESPE	ст то у	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$			
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$			
							PERSONAL & ADV INJURY	\$			
							GENERAL AGGREGATE	\$ \$			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT						PRODUCTS - COMP/OP AGG	\$ \$			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$			
	ALL OWNED AUTOS AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT)	\$ \$			
								\$			
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE						EACH OCCURRENCE	\$			
	DED RETENTION \$						AGGREGATE	\$ \$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED?	N / A					E.L. DISEASE - EA EMPLOYEE	-			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$			
Α	Prof Liability E&O Retention \$25,000		1000635022251		02/02/2025	02/02/2026	Per Claim Aggregate		1,000,000 1,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	s required)					
				CAN							
CERTIFICATE HOLDER					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					RIZED REPRESE						
					Dala Heel						

The ACORD name and logo are registered marks of ACORD

© 1988-2010 ACORD CORPORATION. All rights reserved.

NOTEPAD	INSURED'S NAME Cypress Title Corporation	CYPRESS OP ID: KC	PAGE 2 Date 01/28/2025
Location 1: 35	22 Deer Park Drive, Suite B, Stockton,	CA. 95219	
Location 2: 12	00 East Orangeburg Avenue Suite.101 Mod	esto, CA 95350	
Location 3: 160	0 N. Carpenter Rd, Suite A2, Modesto CA	95351	
Location 4: 693	E Olive Ste 1, turlock CA 95380		
Location 5: 115	6 Scenic Dr Ste 100 Modesto CA 95350		
Location 6:1512	Eureka Road #130 Roseville CA 95661		