

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/15/2023

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 this certificate does not confer rights to				-		-	equire an endor	sement	. A sta	atement on		
PRODUCER	CONTACT Willis Towers Watson Certificate Center											
Willis Towers Watson Southeast, Inc.	PHONE (A/C, No, Ext): 1-877-945-7378 (A/C, No): 1-888-467-2378											
c/o 26 Century Blvd					, LAU.			(A/C, NO).				
P.O. Box 305191 Nashville, TN 372305191 USA				ADDRESS:						NAIC #		
•				INSURER(S) AFFORDING COVERAGE INSURER A: Houston Casualty Company						NAIC# 42374		
INSURED	INSURER B:											
Investment Property Exchange Services	INSURER C:											
Attn: Fidelity National Financial Inc. Risk Mgmt 601 Riverside Ave, Bldg 5												
Jacksonville, FL 32204					INSURER D:							
	INSURER E :											
COVERAGES CER	TIFIC	CΔTF	NUMBER: W31086912	REVISION NUMBER:								
THIS IS TO CERTIFICATE NOMBER. 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 POLICY EFF POLICY EXP												
LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE		\$			
CLAIMS-MADE OCCUR							PREMISES (Ea occur		\$			
							MED EXP (Any one p	erson)	\$			
							PERSONAL & ADV IN	JURY	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$			
POLICY PRO- LOC							PRODUCTS - COMP/	OP AGG	\$			
OTHER:							COMBINED SINGLE	LIMIT	\$			
AUTOMOBILE LIABILITY							(Ea accident)		\$			
ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per		\$			
AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per PROPERTY DAMAGE		\$			
AUTOS ONLY AUTOS ONLY							(Per accident)	=	\$			
									\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	E	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
DED RETENTION \$ WORKERS COMPENSATION							PER	OTH-	\$			
AND EMPLOYERS' LIABILITY Y / N							STATUTE	ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN		\$			
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EI					
DÉSCRIPTION OF OPERATIONS below			14-MG-23-A16268		11 /15 /2022	11 /15 /2024	E.L. DISEASE - POLICE Limit Per Clair		\$ See Be	10		
A Errors & Omissions/Cyber Risk			14-MG-23-A16268		11/15/2023				See Be			
							Annual Aggrega	ce -	see Be	STOM		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES //	COPD	101 Additional Pomarke Schodu	lo may be	attached if more	enaco is roquire) d)					
Evidence of E&O and Cyber Liabil	•						•	its A	ffili	ates		
anywhere in the world.	_				-							
CERTIFICATE HOLDER					CANCELLATION							
Evidence												
					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							
					Jan Bara							

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ADDENDUM

THIS ADDENDUM IS A CONTINUATION OF THE ACCORD CERTIFICATE ISSUED ON BEHALF OF THE NAMED INSURED. THIS EXTENDS THE CERTIFICATE TO PROVIDE PROOF OF INSURANCE COVERAGE THROUGH THE FOLLOWING COMPANIES ON THEIR RESPECTIVE EFFECTIVE DATES:

<u>CO</u>	<u>TYPE</u>	POLICY NUMBER	EFF/EXP DATE	LIMIT PER <u>CLAIM</u>	ANNUAL <u>AGGREGATE</u>
A	E&O/Cyber Risk Primary	14-MG-23-A16268	11/15/2023 - 11/15/2024	\$10,000,000	\$10,000,000
В	1st Layer Excess	ELU193926-23	11/15/2023 - 11/15/2024	\$10,000,000	\$10,000,000
C	2 nd Layer Excess	47-EPP-303097-08	11/15/2023 - 11/15/2024	\$10,000,000	\$10,000,000

A = Houston Casualty Company – NAIC 42374

B = XL Specialty Insurance Company – NAIC 37885

C = Berkshire Hathaway Specialty Ins Co – NAIC 22276