

## CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

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

							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 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						on Certificate Cente	r				
Willis Towers Watson Northeast, Ind	•			PHONE (A/C, No, Ext): 1-877-945-7378 (A/C, No): 1-888-467-2378							
c/o 26 Century Blvd P.O. Box 305191			E-MAIL ADDRESS:								
Nashville, TN 372305191 USA			INSURER(S) AFFORDING COVERAGE					NAIC #			
			INSURERA: Lloyd's Syndicate 0623 (Beazley Furlonge G B0356								
INSURED Investment Property Exchange Service	Inc	and its Subsidiaries	INSURER B :								
Attn: Fidelity National Financial In			INSURER C :								
601 Riverside Ave, Bldg 5			INSURE	RD:							
Jacksonville, FL 32204			INSURE	RE:							
			INSURE	RF:							
		CATE NUMBER: W31087507				REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SU	REQUII	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORD	OF ANY ED BY	CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPE	ст то \	WHICH THIS			
INSR LTR TYPE OF INSURANCE		SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs				
COMMERCIAL GENERAL LIABILITY				(11111/00/1111)		EACH OCCURRENCE DAMAGE TO RENTED	\$				
						PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$				
	-					PERSONAL & ADV INJURY	\$				
GEN'L AGGREGATE LIMIT APPLIES PER:	-					GENERAL AGGREGATE	\$				
						PRODUCTS - COMP/OP AGG	\$				
OTHER:							\$				
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$				
ANY AUTO						BODILY INJURY (Per person)	\$				
OWNED AUTOS ONLY SCHEDULED						BODILY INJURY (Per accident)	\$				
HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
						(* ** *******)	\$				
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$				
EXCESS LIAB CLAIMS-MA	DE					AGGREGATE	\$				
DED RETENTION \$							\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER					
ANYPROPRIETOR/PARTNER/EXECUTIVE N/A						E.L. EACH ACCIDENT	\$				
(Mandatory in NH)	-					E.L. DISEASE - EA EMPLOYEE	\$				
If yes, describe under DESCRIPTION OF OPERATIONS below	_					E.L. DISEASE - POLICY LIMIT					
A Crime		W131B9231201		11/15/2023	11/15/2024	Limit Per Claim -	See Be	elow			
						Annual Aggregate -	See Be	elow			
		ACOPD 101 Additional Demarks Calasty	la m=:: t =	attached if m							
DESCRIPTION OF OPERATIONS/LOCATIONS/VE Evidence of Fidelity Bond and					• •	•	and i	ts			
Affiliates anywhere in the wor		inputance for		cacions a	operaul	the inputed	I				
This bond shall apply to the l	ss of	Property (a) owned by	the In	sured, (b	) held by	the Insured in any	capac	ity, or			
(c) owned or held by someone e	se u	nder circumstances which	make	the Insur	ed respons	ible for the Proper	rty pr	ior to the			
occurrence of the loss											
			CANC								
CERTIFICATE HOLDER				ELLATION							
Evidence SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.											
AUTHORIZED REPRESENTATIVE											
Jun Rohan											
				Ord .T	J						
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ACORD 25 (2016/02)	-	he ACORD name and lage a									

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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>
А	Crime – Primary Insurance Coverage	W131B9231201	11/15/2023 - 11/15/2024	\$10,000,000	\$20,000,000
С	1 <sup>st</sup> Layer Excess	BND0102996	11/15/2023 - 11/15/2024	\$10,000,000	\$20,000,000
А	2 <sup>nd</sup> Layer Excess	V29C3B230501	11/15/2023 - 11/15/2024	\$5,000,000	\$10,000,000
А	3 <sup>rd</sup> Layer Excess	B080138126P23	11/15/2023 - 11/15/2024	\$15,000,000	\$30,000,000
В	4 <sup>th</sup> Layer Excess	64MG23A16270	11/15/2023 - 11/15/2024	\$10,000,000	\$20,000,000

A = Lloyds - NAIC 15792

B = Houston Casualty Company – NAIC 42374

C = RLI - NAIC 07938