

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/04/2024

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							equire an endorsement	. A sta	atement on	
	UCER							on Certificate Center	:		
Will	is Towers Watson Northeast, Inc.				PHONE 1 000 045 0370 FAX 1 000 467 0370						
	26 Century Blvd				E-MAIL						
	Box 305191				ADDRESS:						
Nasr	ville, TN 372305191 USA				INSURER(S) AFFORDING COVERAGE INSURER A: Lloyd's Syndicate 2623 (Beazley Furlong 1				ng Li	NAIC# C2166	
INSU	RED										
INVOKED Investment Property Exchange Services Inc and its Subsidiaries Attn: Fidelity National Financial Inc. Risk Mgmt						INSURER B: INSURER C:					
	Riverside Ave, Bldg 5		5		INSURER D:						
Jack	sonville, FL 32204				INSURER E :						
					INSURER F:						
CO	/ERAGES CER	TIFIC	·ΔTF	E NUMBER: W36465759	INSURE	жг.		REVISION NUMBER:			
T⊦	IS IS TO CERTIFY THAT THE POLICIES	OF I	NSUF	RANCE LISTED BELOW HAV			THE INSURE	D NAMED ABOVE FOR TH			
	DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY										
	CLUSIONS AND CONDITIONS OF SUCH							10 0000101 10		,	
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY	IIIOD				(, 22, ,	(,	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 AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							ACCRECATE	\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Φ		
	AND EMPLOYERS' LIABILITY								•		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A	Crime			W131B9241301		11/15/2024	11/15/2025	Limit Per Claim -	See Be		
								Annual Aggregate -	See Be	elow	
	RIPTION OF OPERATIONS / LOCATIONS / VEHICI	•						•		_	
	dence of Fidelity Bond and Co	-	er C	Crime insurance for a	all Id	ocations a	nd operati	ons of the Insured	and 1	ts	
ALL	iliates anywhere in the world	•									
Thi	s bond shall apply to the los	g of	Dro	operty (a) owned by	the Tr	ngured (b) held by	the Inqured in any	canac	ity or	
	owned or held by someone els						-	-	-		
` '	rrence of the loss.			000					01 F-		
CERTIFICATE HOLDER						CANCELLATION					
Evi	dence				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						ONDANGE WI	IIIL POLIC	NOTIOIOITO.			
						AUTHORIZED REPRESENTATIVE					

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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	Crime – Primary Insurance Coverage	W131B9241301	11/15/2024 - 11/15/2025	\$10,000,000	\$20,000,000
C	1st Layer Excess	BND0103223	11/15/2024 - 11/15/2025	\$10,000,000	\$20,000,000
A	2 nd Layer Excess	B080138126P24	11/15/2024 - 11/15/2025	\$10,000,000	\$20,000,000
G	3 rd Layer Excess	FI4NAAX9DV012	11/15/2024 - 11/15/2025	\$10,000,000	\$20,000,000
В	4 th Layer Excess	64MG24A16693	11/15/2024 - 11/15/2025	\$10,000,000	\$20,000,000
A	5 th Layer Excess	B080138629P24	11/15/2024 - 11/15/2025	\$20,000,000	\$40,000,000
D	6 th Layer Excess	BFY1058770	11/15/2024 - 11/15/2025	\$10,000,000	\$20,000,000
Е	7 th Layer Excess	626-040377-1	11/15/2024 - 11/15/2025	\$10,000,000	\$20,000,000
F	8 th Layer Excess	XJO2409010	11/15/2024 - 11/15/2025	\$10,000,000	\$20,000,000

A = Lloyds - NAIC 15792

B = Houston Casualty Company – NAIC 42374

C = RLI - NAIC 07938

D = Hanover Insurance Company – NAIC 22292

E = US Fire Insurance Company/Crum & Forster – NAIC 21113

F = Nationwide Casualty - NAIC 11991

G= Liberty - NAIC 23043