

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 and response.

	DUCER	ficate does not confer rights to the certificate holder in lieu of su Insureon, Division of Specialty Program Group LLC / DBA SPG						CONTACT NAME:						
	Insurance S	olutions LLC in C		·	PHONE (A/C, No, Ext): (800) 688-1984 (A/C, No): 312-690-4123									
203 N. LaSalle St., 20th Floor, Chicago, IL 60601				IL 60601	ADDRESS:									
						INSURER(S) AFFORDING COVERAGE						NAIC #		
							INSURER A: Hanover Atlantic Insurance Company Ltd							
Brad Franks dba Home & Farm Title Services P.O. Box 11304, Memphis, TN, 38111							INSURER B:							
							INSURER C:							
							INSURER D :							
COVERAGES CERTIFICATE NUMBER:							INSURER F :							
TH IN CI	HIS IS TO CERTIFY TH DICATED. NOTWITHS ERTIFICATE MAY BE	AT THE POLICIES TANDING ANY RE SSUED OR MAY	OF II	NSUR EMEN AIN, 1 CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIES REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	D NAMED ABOV	E FOR TH	T TO V	WHICH THIS		
NSR LTR TYPE OF INSURANCE		ADDL SUBR		POLICY NUMBER	POLICY NUMBER		POLICY EXP (MM/DD/YYYY) LIMIT		LIMITS	78				
	COMMERCIAL GENE	RAL LIABILITY							EACH OCCURRENCE		\$			
	CLAIMS-MADE	OCCUR .							DAMAGE TO RENT PREMISES (Ea occi	urrence)	\$			
									MED EXP (Any one	person)	\$			
									PERSONAL & ADV	INJURY	\$			
	GEN'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREC	SATE	\$			
	POLICY PRO-	LOC							PRODUCTS - COM		\$			
	OTHER:								COMBINED SINGLE	- 1 10 412	\$			
	AUTOMOBILE LIABILITY								(Ea accident) BODILY INJURY (Po		\$ \$			
	ANY AUTO	SCHEDULED							BODILY INJURY (P		<u> </u>			
	AUTOS	AUTOS NON-OWNED							PROPERTY DAMAG	-	\$			
	HIRED AUTOS	AUTOS							(Per accident)		\$			
	UMBRELLA LIAB	1 1	┼						EACH OCCURREN		\$			
	EXCESS LIAB	OCCUR							AGGREGATE		s			
		CLAIMS-MADE	1						HOUNEGATE		\$			
	DED RETEN	ON	\vdash						PER STATUTE	OTH- ER	·			
	AND EMPLOYERS' LIABIL ANY PROPRIETOR/PARTN		1i						E.L. EACH ACCIDE		\$			
	OFFICER/MEMBER EXCLU (Mandatory in NH)	DED?	N/A						E.L. DISEASE - EA	EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERA	TIONS below							E.L. DISEASE - POI	LICY LIMIT	\$			
A	Professional Liability (Error				L3D-H813111-02		11/21/2023	11/21/2024	Occurrence/Aggreg	ate	\$1,000,0	000 / \$1,000,000		
DES	CRIPTION OF OPERATIONS	/ LOCATIONS / VEHIC	LES (ACORD	D 101, Additional Remarks Schedu	ile, may t	ne attached if mo	re space is requi	red)					
CERTIFICATE HOLDER							CANCELLATION							
VERTIFICATE 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.							
						AUTHO	PRIZED REPRES	ENTATIVE	lutt I.					
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