

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2023

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 t							require an endo	rsement	. A sta	atement on	
PRODUCER					CONTACT Willis Towers Watson Certificate Center						
Willis Towers Watson Southeast, Inc.					PHONE 1 000 150 000 150 000 150 0000						
c/o 26 Century Blvd					E-MAIL						
P.O. Box 305191 Nashville, TN 372305191 USA					ADDRESS: INSURER(S) AFFORDING COVERAGE						
					INSURER A: Houston Casualty Company					NAIC# 42374	
INSURED					INSURER B:						
Lawyers Title Company and its Subsidiaries					INSURER C:						
Attn: Fidelity National Financial Inc. Risk Mgmt 601 Riverside Ave, Bldg 5					INSURER D :						
Jacksonville, FL 32204					INSURER E :						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER: W31075033					REVISION NUMBER:						
THIS IS TO CERTIFY THAT 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 LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT DAMAGE TO RENT		\$		
CLAIMS-MADE OCCUR							PREMISES (Ea occ		\$		
							MED EXP (Any one	person)	\$		
							PERSONAL & ADV	INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	GATE	\$		
POLICY PRO- LOC							PRODUCTS - COM	P/OP AGG	\$		
OTHER:							COMBINED SINGLE	E I IMIT	\$		
AUTOMOBILE LIABILITY							(Ea accident)		\$		
ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person) \$				
AUTOS ONLY AUTOS NON-OWNED							BROBERTY BANAGE		\$		
AUTOS ONLY AUTOS ONLY							(Per accident)	JE	\$		
									\$		
UMBRELLA LIAB OCCUR									\$		
EXCESS LIAB CLAIMS-MADE									\$		
DED RETENTION \$ WORKERS COMPENSATION							PER	OTH-	\$		
AND EMPLOYERS' LIABILITY Y / N							STATUTE	ĔŔ			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT		\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$				
DÉSCRIPTION OF OPERATIONS below			14 02 -16060		11 (15 (000)	44.45.4004	E.L. DISEASE - POLICY LIMIT \$				
A Errors & Omissions/Cyber Risk			14-MG-23-A16268		11/15/2023				\$10,00		
							Aggregate		\$10,00	00,000	
DESCRIPTION OF OPERATIONS (LOCATIONS (VEHIC	. 50 //	0000	404 Additional Bassache Oakadad								
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of E&O and Cyber Liability Insurance for all locations and operations of the Insured and its Affiliates anywhere in the world.											
CERTIFICATE HOLDER					CANCELLATION						
	SHO THE ACC	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 Boxan										

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Proof of Insurance