

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 12/29/2020

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), 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 cert	ificate	holder in lieu of such					
PRODUCER			CONT NAMI	TACT E:			
Aon Risk Services Northeast, Inc. Morristown NJ Office				NE No. Ext): (866)	283-7122	FAX (A/C. No.): 800-3	363-0105
44 Whippany Road, Suite 220				AIL RESS:		1 (22333)	
Morristown NJ 07960 USA			ABB		NSURER(S) AFFO	RDING COVERAGE	NAIC#
INSURED			INSU	RERA: Arch	Insurance	Company	11150
Realogy Holdings Corp.				RER B:			
Realogy Title Group LLC 175 Park Ave.			INSU	RER C:			
Madison NJ 07940 USA				RER D:			
				RER E:			
				RER F:			
COVERAGES CER	TIFICA	ATE NUMBER: 57	0085451614	KENT.	RF	EVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH PO	S OF QUIREN PERT	INSURANCE LISTED MENT, TERM OR CO AIN, THE INSURANC	ONDITION OF AT E AFFORDED B	NY CONTRACT Y THE POLICIE:	O THE INSUR OR OTHER S DESCRIBED	ED NAMED ABOVE FOR DOCUMENT WITH RESPE) HEREIN IS SUBJECT	ECT TO WHICH THIS
INSR TYPE OF INSURANCE	ADDL INSD	SUBR WVD POLIC	Y NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR					(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	
POLICY JECT LOC OTHER:						PRODUCTS - COMP/OP AGG	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
ANY AUTO						BODILY INJURY (Per person)	
SCHEDULED						BODILY INJURY (Per accident)	
AUTOS ONLY HIRED AUTOS NON-OWNED						PROPERTY DAMAGE	
ONLY AUTOS ONLY						(Per accident)	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	
DED RETENTION							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH	
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	
(Mandatory in NH) If yes, describe under	1					E.L. DISEASE-EA EMPLOYEE	
DESCRIPTION OF OPERATIONS below	_	00527120	0	12 (17 (2020	12 /17 /2021	E.L. DISEASE-POLICY LIMIT	#F 000 000
A E&O-MPL-Primary		SPL00527130 Claims Made SIR applies	Policy	terms & condi	' '	Prof Liab per Polic Prof Liab Aggregate SIR (each claim)	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AC Evidence of E&O Insurance for Secu Tocations.					le. See at	tached pages for In	dependence Title
CERTIFICATE HOLDER			CANCELI	LATION			
			EXPIRAT			RIBED POLICIES BE CANCE LL BE DELIVERED IN ACCC	
Independence Title Company 5900 Shepherd Mountain Cove Building 2, Suite 200 Austin TX 78730 USA			AUTHORIZED	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
				Aon Risk Services Northeast, Inc.			



ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY		NAMED INSURED	
Aon Risk Services, Northeast, Inc.	See Named Insured on Page 1		
POLICY NUMBER			
See Certificate Number			
CARRIER	NAIC CODE		
See Certificate Number		EFFECTIVE DATE: Dec. 17, 2018	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 24/25 FORM TITLE: Evidence of Liability or Property Insurance



AUSTIN

Main Office

5900 Shepherd Mountain Cove, Building 2, Suite 200 Austin, TX 78730

Office: (512)454-4500 * Fax: (512)454559

Arboretum (ARB)

9442 Capital of Texas Highway, Building 1, Suite 100 Office: (372)8455 * Fax: 372-8577 * Back-Up Fax: 372-8321

Balcones (BAL)

5503 Balcones Drive Austin, TX 78731

Office: (512)814-2038 Fax: (512)814-2041

Bastrop (BAS)

301 Highway 71 West, Suite 106 Bastrop, TX 78602 Office (512)303-2567 * Fax (512)321-2558

Rollingwood (ROL)

2500 Bee Cave Road, Bldg. II, Suite 100 Austin, TX 78746

Office: (512)329-5299 * Fax: (512)329-0379

Buda Office (BUD)

211B N. FM 1626, Bldg. 2

Buda, TX 78610

Office: (512)523-3204 * Fax (512)852.3594

Cedar Park (CPK)

601 E. Whitestone Blvd., Bldg. 6 Ste. 100

Cedar Park, TX 78613

Office: (512)493-3401 * Fax: (512)493-3411

Dripping Springs (DRP)

310 US Hwy 290, Suite A Dripping Springs, TX 78620

Office: (512)894-3860 * Fax (512)894-3861

Elgin (ELG)

22 North Main Street Elgin, TX 78621 Office (512)303-2567 * Fax (512)321-2558

Georgetown Office (GTN)

1103 Rivery Place, Bldg 1, Ste. 110 Georgetown, TX 78628 Office: (512)931-2126 * Fax (512)931-2361

Lakeway (LAK)

1516 RR 620 #500 Lakeway, TX 78734

Office: (512)263-1703 * Fax: (512)263-1706

Lampasas (LAM)

703 South Western Avenue Lampasas, TX 76550

Office: (512)556-3607 * Fax: (512)556-3608

Crystal Springs (LND)

1789 S. Bagdad Road, Suite 101 Leander, TX 78641

Office: (512)493-3475 * Fax (512)493.3476



ADDITIONAL REMARKS SCHEDULE

Page of

	AGENCY		NAMED INSURED	
Aon Risk Services, Northeast, Inc.			See Named Insured on Page 1	
	POLICY NUMBER			
	See Certificate Number			
	CARRIER	NAIC CODE		
	See Certificate Number		EFFECTIVE DATE: Dec. 17, 2018	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 24/25 FORM TITLE: Evidence of Liability or Property Insurance

Liberty Hill (LBI)

14362 West State Highway 29, Suite 202 Liberty Hill, TX 78642

Office (512) 515-0110 * Fax (512) 515-0115

Pflugerville Office (KFO)

203 W. Main Street, Suite A
Pflugerville, TX 78660
Office (512) 990-8050 * Fax (512) 990-9217

Round Rock (RRK)

101 E. Old Settlers Blvd., Suite 110 Round Rock, TX 78664 Office (512) 255-9593 * Fax (512) 255-9853

San Marcos (SMA)

1911 Corporate Drive, Suite 102 San Marcos, TX 78666 Office (512) 392-1271 * Fax (512) 392-1671

Tower of the Hills (TOH)

13809 N. Hwy 183, Suite 125 Austin, TX 78750 Office (512) 249-9320 * Fax (512) 249-8470

Westlake (WLK)

6836 Bee Cave Road, Bldg III, Suite 100 Austin, TX 78746 (512) 852-3400

Wimberley (WIM)

150 RR 3237 Wimberley, TX 78676 Office (512) 847-2278 * Fax (512) 847-5131

BeeCaves Parkway (BCP)

13215 BeeCave Parkway
Bldg A, Suite 100
BeeCave, TX 78738

Office (512) 852-3433 * Fax (512) 852-3533

Lockhart Office (LKH)

104 S. Commerce Street Lockhart, TX 78644 Office (512) 398-2416 * Fax (512) 398-3201

Horseshoe Bay (HSB)

6810 FM 2147, Suite A Horseshoe Bay, TX 78657 Office (830) 598-4898 * Fax (830) 598-4776

Kingsland Branch (KLB)

2402 West Ranch Road 1431, Suite 1 Kingsland, TX 78636 Office (325) 270-0881 * Fax (325) 270-0877

AGENCY CUSTOMER ID:

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY		NAMED INSURED
Aon Risk Services, Northeast, Inc.	See Named Insured on Page 1	
POLICY NUMBER		
See Certificate Number		
CARRIER	NAIC CODE	
See Certificate Number		EFFECTIVE DATE: Dec. 17, 2018

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 24/25 FORM TITLE: Evidence of Liability or Property Insurance

SAN ANTONIO

Alamo Heights (TASA / AHSA)

300 Austin Hwy, Suite 200 San Antonio, TX 78209

Office: (210) 237-4660 * Fax: (210) 237-4560

Crown Ridge (CRSA)

19707 IH 10 West, Suite 101 San Antonio, TX 78257

Office: (210) 237-4620 * Fax: (210) 237-4520

Lincoln Center (110) (10SA)

7800 IH 10 West, Suite 100 San Antonio, TX 78230

Office: (210) 237-4600 Fax: (210) 237-4500

Spring Branch (SBSA)

426 Singing Oaks #200 Spring Branch, TX 78070

Office: (830) 310-5310 * Fax: (830) 714-5374

New Braunfels (NBF)

417 W. San Antonio, Suite 100 New Braunfels, TX 78130

Office: (830) 629-8100 * Fax (830) 629-8111

Schertz (SHSA)

4917 FM 3009, Suite 100 Schertz, TX 78154 Office (210) 651-4171 * Fax (210) 651-4249

Stone Oak Office (SOSA)

18615 Tuscany Stone, Suite 150 San Antonio, TX 78258

Office: (210) 237-4640 * Fax (210) 237-4540

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY		NAMED INSURED
Aon Risk Services, Northeast, Inc.	See Named Insured on Page 1	
POLICY NUMBER		
See Certificate Number		
CARRIER	NAIC CODE	
See Certificate Number	NAIC CODE	EFFECTIVE DATE: Dec. 17, 2018

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 24/25 FORM TITLE: Evidence of Liability or Property Insurance

DALLAS

Dallas Parkway (DPDA)

17855 Dallas Parkway, Suite 195

Dallas, TX 75287

Office: (972)349-6600 *Fax: (972)349-6652

Monticello (MODA)

3100 Monticello Avenue, Suite 925

Dallas, TX 75205

Office: (214)964-9820 *Fax: (214)964-9720

Plano (PLDA)

7800 Dallas Parkway, Suite 140

Plano, TX 75024

Office: (214)964-9810 *Fax: (214)349-6610

McKinney (MKDA)

5213 Virginia Parkway

McKinney, TX 75071

Office: (972)394-6700 *Fax: (972)349-6670

Arlington (ARDA)

1205 W. Green Oaks Blvd., Suite A

Arlington, TX 76013

Office: (682)478-0001*Fax: (682)478-0002

Rockwall

2850 Shoreline Trail Suite 201

Rockwall, TX 75032

Office: (972)349-6640 *Fax (972)349-6641

Four Corners Office (ATDA)

6950 TPC Drive, Suite 180

McKinney, TX 75070

Office: (214)964-9850 Fax (214)964-9750

Las Colinas Office

909 Lake Carolyn Parkway, Suite 160

Irving, TX 75039

Office: (682)478-0005 *Fax: (682)478-0006

Mansfield

1380 Hwy 287 North, Suite 101

Mansfield, TX 76063

Office: (682)478-0003 *Fax: (682)478-0004

Park Cities/Uptown Office

3838 Oak Lawn Avenue, Suite 1000

Dallas, TX 75219

Office: (214)597-5093 *Fax: (214)964-9710

Cedar Hill Office (CHDA)

318 West Belt Line Road, Suite 302

Cedar Hill, TX 75104

Office (972)349-6655 *Fax: (972)349-6656

Lakewood Office (LWDA)

6301 Gaston Avenue, Suite 150

Dallas, TX 75214

Office: (214)964-9840 *Fax (214)964-9740

Fort Worth

2800 South Hulen Suite 115

Fort Worth, TX 76109

Office: (682)478-0007 *Fax (682)478-0008

Mesquite (MEDA)

2424 Gus Thomasson Road, Suite A

Mesquite, TX 75150

Office: (972) 270-2488 Fax (972)349-6688

AGENCY CUSTOMER ID:

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page of

	- 1	3
AGENCY		NAMED INSURED
Aon Risk Services, Northeast, Inc.	See Named Insured on Page 1	
POLICY NUMBER		
See Certificate Number		
CARRIER	NAIC CODE	
See Certificate Number		EFFECTIVE DATE: Dec. 17, 2018

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 24/25 FORM TITLE: Evidence of Liability or Property Insurance

HOUSTON OFFICES

Houston Office

1 Riverway, Suite 1700

Houston, TX 7705

Office: (713)622-3720 *Fax: (713)840-6351

Clear Lake Office (CLHD)

2525 Bay Area Blvd., Suite 100

Houston, TX 77058

Office (281)516-6282 Fax: (281)516-6283

10/01/2020