

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 10/18/2021

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

RODUCER		nfer rights to th				CONTACT NAME:			
Aon Risk Services Northeast, Inc. Morristown NJ Office				DUONE	283-7122	FAX (A/C. No.): 800-363	3-0105		
4 Whippa	any Road, Si	ite 220				E-MAIL ADDRESS:		(A. O. 110.).	
Morristown NJ 07960 USA					URER(S) AFFO	RDING COVERAGE	NAIC#		
SURED						INSURER A: Arch	Insurance	Company	11150
	Holdings Corp					INSURER B:			
alogy 1 '5 Park	Title Group L Ave.	.LC				INSURER C:			
dison M	NJ 07940 USA					INSURER D:			
						INSURER E:			
						INSURER F:			
OVERA	GES	CER	TIFICA	ATE I	UMBER: 5700899044	74	RE	VISION NUMBER:	
INDICATE CERTIFIC EXCLUSI	ED. NOTWITHS'	TANDING ANY RE SSUED OR MAY	QUIREI PERTAI I POLIC	MENT IN, TI CIES.	TERM OR CONDITION	OF ANY CONTRACT ED BY THE POLICIE E BEEN REDUCED B	OR OTHER D S DESCRIBE Y PAID CLAIM	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO IS. Limits sho	T TO WHICH THIS
SR FR	TYPE OF INS	URANCE	ADDL S INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENE	RAL LIABILITY						EACH OCCURRENCE	
	CLAIMS-MADE	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
								MED EXP (Any one person)	
								PERSONAL & ADV INJURY	
	AGGREGATE LIMIT							GENERAL AGGREGATE	
	JECT JECT	LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							COMPINED ONIOLE LIMIT	
AUTON	MOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	
A	ANYAUTO							BODILY INJURY (Per person)	
	OWNED	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
HI	AUTOS ONLY IIRED AUTOS	NON-OWNED						PROPERTY DAMAGE (Per accident)	
Of	DNLY	AUTOS ONLY						(i di dedident)	
U	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	
F	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	
DE	ED RETENTION								
	KERS COMPENSATI	ON AND						PER STATUTE OTH-	
ANY P	PROPRIETOR / PARTN	ER / EXECUTIVE Y / N	1					E.L. EACH ACCIDENT	
(Mand	CER/MEMBER EXCLUDE datory in NH)	ED?	N/A					E.L. DISEASE-EA EMPLOYEE	
DÉSC	, describe under CRIPTION OF OPERA	TIONS below						E.L. DISEASE-POLICY LIMIT	
A E&O-	-MPL-Primary				PL005271308 laims Made Policy	12/17/2020	12/17/2021	Prof Liab per Policy Prof Liab Aggregate	\$5,000,000 \$5,000,000
					IR applies per poli	cy terms & condi	tions	SIR (each claim)	\$10,000
SCRIPTION	ON OF OPERATIONS	LOCATIONS / VEHIC	LES (ACC	ORD 10	, Additional Remarks Schedule	e, may be attached if more	space is require	<u>l</u> d)	
		red: Sunbelt					-		
/1dence	or insurance	. See Schedul	е а ат	tacr	α.				
EDTIEIO	CATE HOLDER				CAA	ICELLATION			
ERIIFIC	JAIE HOLDER				S	HOULD ANY OF THE A		BED POLICIES BE CANCELLE	
					j P	OLICY PROVISIONS.			
Si	Sunbelt Title	Agency							
50	Sunbelt Title 500 N. Westsho Tampa FL 3360	orě Blýd., Sui	te 850	0		ORIZED REPRESENTATIV		ices : Northeast .	

Aon Risk Services Northeast Inc.

AGENCY CUSTOMER ID:



ADDITIONAL REMARKS SCHEDULE Page of

AGENCY		NAMED INSURED
Aon Risk Services, Northeast, Inc.	Realogy Holdings Corp.	
POLICY NUMBER		,
See Certificate Number		
CARRIER	NAIC CODE	
See Certificate Number		EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

ADDITIONAL REMARKS								
THIS ADDITIONAL REN	MARKS FORM IS	S A SCHEDULE TO ACORD FORM,						
FORM NUMBER: \	√arious	FORM TITLE:						
Schedule A								
Colonial – 701 E. V	Washington S	St., Orlando, FL 32801						
	Lakeland - 3003 S. Florida Avenue, Suite 103, Lakeland, FL 33803							
Lake Mary - 1145	Townpark Av	venue, Suite 2235, Lake Mary, FL 32746						
Winter Park - 558	W. New Engl	land Avenue, Suite 220, Winter Park, FL 32789						
Sand Lake - Plaza \	Venezia – 76	504 W. Sand Lake Rd., Orlando, FL 32819						
Winter Springs - 59	965 Red Bug	Lake Road, Suite 101, Winter Springs, FL 32708						
Winter Haven - 29	0 Cypress Ga	ardens Blvd. SE, Suite #6, Winter Haven, FL 33880						
Fort Myers – 7950	Dani Drive, S	Suite 145, Fort Myers, FL 33966						
Boca Beach South	- 1200 N. Fe	ederal Hwy., Suite 305, Boca Raton, FL 33432						
Delray Beach – 917	73 W. Atlanti	ic Ave., Suite 117, Delray Beach, FL 33446						
	_	le Avenue, Brandon, FL 33511						
•	_	ess Avenue, Boynton Beach, FL 33426						
		GA Blvd., Suite 217, Palm Beach Gardens, FL 33418						
		e Blvd., Port St. Lucie, FL 34953						
•		re Blvd., Suite 101, Wellington, FL 33414						
	•	Suite 100, Weston, FL 33331						
		yy., Miramar, FL 33027						
	•	Suite 401, Miami, FL 33156						
•		ale Mabry Hwy., Suite 304, Tampa, FL 33618						
	•	enue, St. Pete Beach, FL 33706						
•		Downs Blvd., Tampa, FL 33647						
		nue, Suite 302, Venice, FL 34285						
	•	ad, Palm Harbor, FL 34684						
		de Drive Suite 101, Tampa, FL 33602						
		estshore Blvd., Suite 850, Tampa, FL 33609						
. •		Pine Drive, Suite 2, Bonita Springs, FL 34134						
		ge Dr., Suite 140, Coral Springs, FL 33076						
Las Olas - 901 E. Las Olas Blvd., Suite 203, Ft. Lauderdale, FL 33301								
Stuart -2369 SE Fe	•	·						
		Blvd., Suite 110, Melbourne, FL 32901						
		ush Trail, Suite 108, Bradenton, FL 34202						
Manatee West - 74	443 Manatee	e Avenue West, Bradenton, FL 34209						

AGENCY CUSTOMER ID:

LOC #:



ADDITIONAL REMARKS SCHEDULE

	_
Page	Ωt

AGENCY		NAMED INSURED	
Aon Risk Services, Northeast, Inc.	Realogy Holdings Corp.		
POLICY NUMBER		, , , , , , , , , , , , , , , , , , ,	
See Certificate Number			
CARRIER	NAIC CODE		
See Certificate Number		EFFECTIVE DATE: See Page 1	

CARRIER	NAIC CODE			
See Certificate Number		EFFECTIVE DATE: See Page 1		
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,				
FORM NUMBER: Various FORM TITLE:				
Schedule A continued				
Naples South – 400 Fifth Avenue South, Suite 204 N	aples, FL 34	102		
Coral Gables - 4000 Ponce De Leon Blvd., Suite 700,				
LGI – 500 N. Westshore Bld., Suite 850, Tampa, FL 3		3,1233210		
NE St. Pete - 3637 Fourth St. North, Suite 100, St. Pe		22704		
Sarasota Central - 8181 S. Tamiami Trail, Unit B., Sa				
		4231		
Pensacola - 1510 Airport Blvd., Suite 4, Pensacola, FL 325				
Westshore – 500 N. Westshore Blvd., Suite 850, Tar	npa, FL 3360	¹⁹		
Updated as of: 10/18/21				
opuateu as on 10/10/21				