

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/17/2023

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 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 endorsement(s).										
CONTACT Brad Buttin										
Eda	ewood Partners Insurance Center			PHONE (800	987-1475	FAX				
3697 Mt. Diablo Bivd, Ste 100 E-MAL and properse. brad@a-ains.com										
5031			ADDRESS: DIAU							
				INSURER(S) AFFORDING COVERAGE NAIC #						
	yette		CA 94549	INSURER A: Arch Insurance Company						
INSU	RED	INSURER B :								
	Town Hall Investors Inc, DBA: Ke	INSURER C :								
	5750 Sunrise Blvd #200	INSURER D :								
		INSURER E :								
	Citrus Heights		CA 95610	INSURER F :						
	ů.	TIFICATE	NUMBER: 2023-2024	INSUKER F.		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	ADDL SUBR	POLICY NUMBER	POLICY EF (MM/DD/YYY	F POLICY EXP Y) (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$			
						DAMAGE TO RENTED				
	CLAIMS-MADE OCCUR					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 HIRED NON-OWNED					PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY					(Per accident)	\$			
						EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
	DED RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$			
						Per Claim	- T	00,000		
A	Errors & Omissions Insurance		SPL1001776-01	11/21/202	3 11/21/2024	Aggregate	\$2,0	00,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER CANCELLATION										
	Keller Williams Realty Internation Its Designated Affiliates 1221 South Mopac Expy #400	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
1	Austin	A A A A A A A A A A A A A A A A A A A								
			TX 78746		()	()				

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PRODUCER			CONTACT Brad Butlin						
Edgewood Partners Insurance Center			PHONE (800) 987-1475 FAX (A/C, No, Ext): (800) 987-1475						
3697 Mt. Diablo Blvd, Ste 100									
			INSURER(S) AFFORDING COVERAGE NAIC #						
Lafayette		CA 94549	INSURER A : Arch Insurance Company						
INSURED		INSURER B :							
Town Hall Investors Inc, DBA: K									
5750 Sunrise Blvd #200			INSURER C :						
3730 Sumise Diva #200			INSURER D :						
			INSURER E :						
Citrus Heights		CA 95610	INSURER F :						
COVERAGES CER	TIFICAT	E NUMBER: 2023-2024			REVISION NUMBER:				
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INSR LTR TYPE OF INSURANCE	ADDL SUE	D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$			
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
					MED EXP (Any one person)	\$			
					PERSONAL & ADV INJURY	s			
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$			
					PRODUCTS - COMP/OP AGG	\$ \$			
OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$			
					(Ea accident)	-			
ANY AUTO OWNED SCHEDULED					BODILY INJURY (Per person)	\$			
AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$			
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$			
						\$			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
DED RETENTION \$						\$			
WORKERS COMPENSATION					PER OTH- STATUTE ER				
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under						s s			
DÉSCRIPTION OF OPERATIONS below	+				E.L. DISEASE - POLICY LIMIT	-	00,000		
A Errors & Omissions Insurance		SPL1001776-01	11/21/2023	11/21/2024	Aggregate		00,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
CERTIFICATE HOLDER CANCELLATION									
Altisource PO Box 105460	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
VendorCOI@Altisource.com			AUTHORIZED REPRESE	NTATIVE					
Atlanta		GA 30348-5460		D.	R				
	0,000-0-0400	$() \cup$							

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PRODUCER		••••••		CONTAC	()	n				
Edgewood Partners Insurance Center				PHONE (800) 087-1/75 FAX						
3697 Mt. Diablo Blvd, Ste 100				E-MAIL	brad@a_a		(A/C, No):			
					ADDRESS: brad@a-ains.com					
				INSURER(S) AFFORDING COVERAGE NAIC #						
Lafayette			CA 94549	INSURER A: Arch Insurance Company						
					INSURER B :					
Town Hall Investors Inc, DBA: Keller Williams Realty Capital Valley /					INSURER C :					
5750 Sunrise Blvd #200					INSURER D :					
				INSURER E :						
Citrus Heights			CA 95610	INSURER F :						
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COMMERCIAL GENERAL LIABILITY							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	\$		
							PRODUCTS - COMP/OP AGG	\$		
OTHER:								\$		
							COMBINED SINGLE LIMIT	\$		
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
AUTOS ONLY AŬTOS ONLY							(Per accident)			
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
AND EMPLOYERS LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Errors & Omissions Insurance							Per Claim	\$2,0	00,000	
A A			SPL1001776-01		11/21/2023	11/21/2024	Aggregate	\$2,0	00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER CANCELLATION										
Proof of Coverage					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						
and the second s										
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