Client#: 288615 SOUTHAL

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/20/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

tŀ	nis certificate does not confer any i	ights to	the	certificate holder in lieu d							
	DUCER				CONTA NAME:	<sup>ст</sup> Carolyn	Camero			_	
Edgewood Partners Insurance Center						PHONE (A/C, No, Ext): 800-7333131 FAX (A/C, No):					
3697 Mt Diablo Blvd, Suite 100						E-MAIL ADDRESS: carolyn.camero @epicbrokers.com					
Laf	ayette, CA 94549								NAIC #		
								0338			
INSURED						INSURER B:					
	South Hall Investors Inc		INSURER C:								
	DBA: Keller Williams Na		INSURER D:								
	4080 Truxel Rd Ste 100		INSURER E :								
	Sacramento, CA 95834		INSURER F:								
CO	VERAGES C	NUMBER:	REVISION NUMBER:								
IN C E	HIS IS TO CERTIFY THAT THE POLIC IDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA' XCLUSIONS AND CONDITIONS OF SU	REQUIRI / PERTA CH POL	EMEN AIN, ICIES	IT, TERM OR CONDITIONO THE INSURANCE AFFORDE 3. LIMITS SHOWN MAY HAV	F ANY D BY T	CONTRACT OF HE POLICIES N REDUCED F	R OTHER DOO DESCRIBED H BY PAID CLAI	CUMENT WITH F HEREIN IS SUBJ	RESPECT T	O WHIC	H THIS
NSR _TR	TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	1	
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV	INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREC	GATE	\$	
	POLICY JECT LOC							PRODUCTS - COM		\$	
	OTHER:							COMBINED SINGLE		\$	
	AUTOMOBILE LIABILITY							(Ea accident) \$			
	ANY AUTO OWNED SCHEDULED							` ' '			
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							PROPERTY DAMAGE	` ·	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$ \$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE :	\$	
	EXCESS LIAB CLAIMS-MA	DE						AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	NT :	\$	
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
Α	Errors & Omission	X		PXEOPL0037302		03/24/2024	03/24/2025	Each Claim: \$2,000,000 Aggregate: \$2,000,000			
Ke	   CRIPTION OF OPERATIONS / LOCATIONS / VE   Iler Williams Realty Internation:   Intract, are additional insured w	al and	lts D	esignated Affiliates, to	the e	xtent requi					
CEI	RTIFICATE HOLDER				CANC	ELLATION					
	Keller Williams Realty							ESCRIBED POLICE			

(in) Camero

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**Affiliates** 

Austin TX 78746

International and Its Designated

1221 South Mopac Expy #400

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Client#: 288615 **SOUTHAL** 

## $ACORD_{\scriptscriptstyle{\sqcap}}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/20/2024

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer any rigi							uire an endorsement. A	statem	ent on		
	DUCER			oortiiioato iioiaoi iii iioa (	CONTACT Carolyn Camero							
Edg	gewood Partners Insurance Cente	er			PHONE 900 7222424 FAX							
3697 Mt Diablo Blvd, Suite 100						(A/C, No, Ext): 000-7333131 (A/C, No):  E-MAIL ADDRESS: carolyn.camero @epicbrokers.com						
	ayette, CA 94549				INSURER(S) AFFORDING COVERAGE  NAIC #							
						NAIC#						
					INSURE	20338						
INSU	South Hall Investors Inc.				INSURE							
	DBA: Keller Williams Nato	mae			INSURE							
	4080 Truxel Rd Ste 100	illas	•		INSURE							
					INSURER E :							
	Sacramento, CA 95834				INSURER F:							
CO	/ERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:				
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F ICLUSIONS AND CONDITIONS OF SUCH	QUIR PERTA POL	EMEN AIN, T ICIES	IT, TERM OR CONDITION O THE INSURANCE AFFORDE . LIMITS SHOWN MAY HAV	F ANY D BY T	CONTRACT OF HE POLICIES N REDUCED F	R OTHER DOO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WH	IICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	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	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	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)	\$			
	HIRED NON-OWNED							PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EAGU GOOURDENOS	•			
	- VOESS LAD							EACH OCCURRENCE	\$			
	OLAIMO-WADE							AGGREGATE	\$			
	DED   RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$			
	AND EMPLOYERS' LIABILITY							STATUTE   ER				
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
Α	Errors & Omission			PXEOPL0037302	03/24/2024 03/24/2025			5 Each Claim: \$2,000,000				
								Aggregate: \$2,000,0	00			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE Information Purposes Only.	CLES (	ACORI	D 101, Additional Remarks Sched	ule, may	be attached if mo	ore space is requ	ired)				
	<u> </u>											
CEF	RTIFICATE HOLDER				CANCELLATION							
Proof of Insurance						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							
					Carolyn Camero							

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