

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/24/2014

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 be endorsed. If SUBROGATION IS WAIVED, subject to

	e terms and conditions of the policy ertificate holder in lieu of such endors		•		ndorse	ment. A sta	tement on th	is certificate does not co	onfer r	ights to the	
PRODUCER						CONTACT WILL ELIZONDO					
Stewart Specialty Insurance Services					NAME: WITH ETITZONDO PHONE (866)798-2827 FAX (A/C, No, Ext): (713)985-1061						
1980 Post Oak Blvd #R2C					(A/C, No. Ext): (A/C, No.): (A						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
Houston TX 77056					INSURER A : EVANSTON INSURANCE COMPANY						
INSURED						INSURER B:					
Builders Title Agency, Inc.						INSURER C:					
70 Grand Ave., Suite 106						INSURER D:					
					INSURER E:						
River Edge NJ 07661					INSURER F:						
				E NUMBER:CL1252204				REVISION NUMBER:			
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIRI PERTA POLIC	EMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS	DOCUMENT WITH RESPECT TO	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY							EACH OCCURRENCE	\$		
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
								GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$		
	POLICY PRO- JECT LOC							COMPINIED ONIOLE LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N							TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
_	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A	PROFESSIONAL LIABILITY			EO-856803		5/15/2014	5/15/2015	\$1,000,000 PER CLAIM		\$5,000	
				RETRO DATE: 5/15/198	7			\$1,000,000 AGGREGATE		DEDUCTIBLE	
The	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLE insurance afforded by this offessional services for other controls of the control of the controls of the control of th	is p	oli	cy applies solely	to w	rongful a	acts in th	_		ce of	
CERTIFICATE HOLDER					CANCELLATION						
Builders Title Agency, Inc.						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					
					Will	Elizondo	o/SW	Will E	14	Buts	