

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/21/2023

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 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).

	e terms and conditions of the policy, ertificate holder in lieu of such endors			idor sei	ment. A Stat	ternent on th	is certificate does not co	mer rights to the	
PRODUCER					CONTACT NAME: Lockton Affinity, LLC				
Lockton Affinity, LLC					PHONE (A/C, No, Ext): 888-718-5641 FAX (A/C, No):				
P. O. Box 879610					E-MAIL ADDRESS:				
Kansas City, MO 64187-9610					INSURER(S) AFFORDING COVERAGE				
					INSURER A : Scottsdale Insurance Co.				
					INSURER B:				
The Texas 1031 Exchange Company					INSURER C:				
516 N. Austin Street					INSURER D:				
Seguin, TX 78155					INSURER E:				
					INSURER F:				
					REVISION NUMBER:				
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH	QUIREN PERTAIN	MENT, TERM OR CONDITION N, THE INSURANCE AFFORDI ES. LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD W	VD POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR						DAMAGE TO RENTED	5 5	
							, , ,	\$	
							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)	5	
	ANY AUTO						BODILY INJURY (Per person)	5	
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	5	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	5	
								5	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE :	\$	
	DED RETENTION \$							5	
	WORKERS COMPENSATION						PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A					E.L. EACH ACCIDENT S	5	
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE S	5	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT :	\$	
A	Professional Liability		EKI3487241		07/15/2023	07/15/2024	Each Claim	\$500,000	
	Claims Made Policy						Aggregate	\$500,000	
							Deductible	\$35,000	
Ret: Con	RIPTION OF OPERATIONS/LOCATIONS/VEHICLE COACTIVE Date: 4/20/2007 for any coactive Date: 7/15/2007 for any cinuity Date: 7/15/2015 for any Linuity Date: 7/15/2017 for any Linuity Date: 7/15/2	Loss p Loss p oss pa	ayable as respects the f ayable as respects the a yable as respects the fi	irst \$ bove 1 rst \$2	250,000 of imit of lia 50,000 of t	the above ability in the above 1	limit of liability. excess of \$250,000. imit of liability.		
CE	RTIFICATE HOLDER			CANC	ELLATION				
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.				
					AUTHORIZEDREPRESENTATIVE FATID. OFavee				

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