

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/23/2020

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, certificate holder in lieu of such endors			ndorsement. A sta	tement on th	is certificate does not confer	rights to the
PRODUCER	(3)	•	CONTACT NAME: Lockto	n Affinity	, LLC	
			PHONE [A/C, No, Ext): 888-718-5641 [A/C, No Ext): 888-718-5641 [A/C, No Ext): 888-718-5641			
Lockton Affinity, LLC			E-MAIL ADDRESS:		(AJC, NO).	
P. O. Box 879610 Kansas City, MO 64187-9610			INSURER(S) AFFORDING COVERAGE			NAIC#
			INSURER A: Starr Indemnity & Liability Company			38318
INSURED			INSURER B:			50010
1031 Exchange Connection, Inc.			INSURER C:			
9400 Fountain Medical Court, Suite B-100			INSURER D:			
·			INSURER E:			
Bonita Springs, FL 34135			INSURER F:			
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH INSR	QUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
LTR TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ DAMAGE TO RENTED	
CLAIMS-MADE OCCUR					PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	
					MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	
POLICY PRO-					PRODUCTS - COMP/OP AGG \$	
OTHER:					\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	
ANY AUTO					BODILY INJURY (Per person) \$	
ALLOWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$	
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$	
					\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	
DED RETENTION \$					\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					PER OTH- STATUTE 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 Crime & Fidelity Occurrence Policy		1000057643201	12/09/2020	12/09/2021	See Below	
occurrence rolley						
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICL Insuring Agreement A - Fidelity: Lim Insuring Agreement F - Computer Frau Insuring Agreement G - Funds Transfe Insuring Agreement J - Clients' Prop	nit of Li d: Limit er Fraud:	ability \$1,000,000 (pe of Liability \$1,000,0 Limit of Liability \$1	er occurrence) / 1 000 (per occurren ,000,000 (per oc	Deductible : ce) / Deduct currence) /	\$1,000 (per occurrence) tible \$1,000 (per occurren Deductible \$1,000 (per oc	currence)
CERTIFICATE HOLDER			CANCELLATION			
1694477 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			
	Hatt D. Ofance					

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