

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2023

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

	e terms and conditions of the policy rtificate holder in lieu of such endor				ndorse	ment. A stat	ement on th	is certificate does not co	mfer r	ights to the	
PRODUCER						CONTACT NAME: Lockton Affinity, LLC					
						PHONE (A/C, No, Ext): 888-718-5641 [A/C, No):					
Lockton Affinity, LLC						(A/C, NO, EXT): 933 713 3311 (A/C, NO). E-MAIL ADDRESS:					
P. O. Box 879610 Kansas City, MO 64187-9610					INSURER(S) AFFORDING COVERAGE					NAIC#	
Manager Clos, No Cito, Joto					INSURER A: Starr Indemnity & Liability Company				38318		
INSURED						INSURER B:					
Atlanta Deferred Exchange, Inc.					INSURER C:						
800 Battery Avenue, Suite 100					INSURER D:						
•					INSURER E:						
Atlanta, GA 30339						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
C	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	EQUIF PERT POLIC JADDL	REMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO	WHICH THIS	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MINEDOSTITI)	(MINIDOTTITI)		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- LOC								\$		
	OTHER: AUTOMOBILE LIABILITY							COMPINED ONIOLE LIMIT	\$ \$		
									\$		
	ANY AUTO ALL OWNED SCHEDULED							· · · · · ·	\$		
	AUTOS AUTOS NON-OWNED ALITOS							DDODEDTY DAMAGE	\$		
	HIRED AUTOS AUTOS								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE								\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	1						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A	Crime & Fidelity Policy Per Occurrence			1000623687231		10/27/2023	10/27/2024	See Below			
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Insuring Agreement A - Fidelity: Limit of Liability \$5,000,000 (per occurrence); Deductible \$50,000 (per occurrence)											
CE	RTIFICATE HOLDER		CANO	CANCELLATION							
1442399 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					

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