



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/16/2024

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 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).

PRODUCER Lockton Affinity, LLC P. O. Box 879610 Kansas City, MO 64187-9610	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: none;">CONTACT NAME: Lockton Affinity, LLC</td> <td style="border-bottom: none;">FAX (A/C, No):</td> </tr> <tr> <td style="border-top: none;">PHONE (A/C, No, Ext): 888-718-5641</td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-bottom: none;">E-MAIL ADDRESS:</td> <td style="border-bottom: none;"></td> </tr> <tr> <td colspan="2" style="text-align: center; border-top: none;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td style="border-top: none;">INSURER A: Starr Indemnity & Liability Company</td> <td style="border-top: none;">NAIC # 38318</td> </tr> <tr> <td style="border-top: none;">INSURER B:</td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">INSURER C:</td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">INSURER D:</td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">INSURER E:</td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">INSURER F:</td> <td style="border-top: none;"></td> </tr> </table>	CONTACT NAME: Lockton Affinity, LLC	FAX (A/C, No):	PHONE (A/C, No, Ext): 888-718-5641		E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A: Starr Indemnity & Liability Company	NAIC # 38318	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED Atlanta Deferred Exchange, Inc. 800 Battery Avenue, Suite 100 Atlanta, GA 30339																					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$ _____ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime & Fidelity Occurrence Policy			1000623687241	10/27/2024	10/27/2025	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)

CERTIFICATE HOLDER <div style="text-align: right;">1442399</div> <p style="text-align: center;">Proof of Coverage</p>	CANCELLATION 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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