

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/01/2022

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 have ADDITIONAL INSURED provisions or 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).

th	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER						CONTACT NAME: Stewart Insurance					
Stev	vart Insurance				PHONE (A/C, No, Ext): (866) 798-2827 FAX (A/C, No): (713) 985-1061						
136	O Post Oak Blvd				E-MAIL stewartinsurance@stewart.com						
Suit	e 1000 MC 10-2								NAIC #		
Hou	ston			TX 77056	INSURER A: Underwriters at Lloyds, London						
INSU	RED				INSURER B:						
	Capital Title, LLC				INSURER C :						
	385 Inverness Parkway #300					INSURER D :					
					INSURER E :						
	Englewood			CO 80112	INSURER F :						
CO	/ERAGES CER	TIFIC	FICATE NUMBER: CL201292523								
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD											
	DICATED. NOTWITHSTANDING ANY REQUI		,								
	ERTIFICATE MAY BE ISSUED OR MAY PERT. (CLUSIONS AND CONDITIONS OF SUCH PC							UBJECT TO ALL TE	1E TERMS,	1	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF POLICY EXP						
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENC			
								DAMAGE TO RENTE	D	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occur		\$	
	<u> </u>							MED EXP (Any one p		\$	
								PERSONAL & ADV IN		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGA		\$	
								PRODUCTS - COMP.	/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per	r nerson)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per		\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAG		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	$\overline{}$	\$	
	UMBRELLA LIAB OCCUR	1								-	
	EVOCESCIAN							EACH OCCURRENC	E	\$	
CLAIWS-MADE		1						AGGREGATE	$\overline{}$	\$	
DED RETENTION \$ WORKERS COMPENSATION		1						PER	OTH- ER	\$	
AND EMPLOYERS' LIABILITY Y/N								STATUTE			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDEN		\$	
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA E		\$	
	DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLI	CY LIMIT	\$	
A	Professional Liability			STEO 1681-2309		01/01/2023	01/01/2024	\$1,000,000 Per C	:laim	\$25.	000
A Retro Date: 01/01/2005			3120 1001-2309			01/01/2023	01/01/2024	\$1,000,000 Aggregate Deductible			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be								φ1,000,000 Aggre	gate	Deu	uctible
l	insurance afforded by this policy applies so	•		•	•			others for a fee as	title egent		
	ractor and escrow/closing agent.	nely ic	WIOII	igiui acis iii iiie iiisureu s perit	Jillance	or professiona	ai services for C	officis for a fee as	ille agent,		
 	Add advantage Add Const.										
See	Addendum For Additional Locations:										
CERTIFICATE HOLDER CANCELLATION											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							DEFORE				
								F, NOTICE WILL BE			, PLI OVE
Capital Title, LLC					ACC	ORDANCE WIT	TH THE POLIC	PROVISIONS.			
	385 Inverness Parkway #300										
						AUTHORIZED REPRESENTATIVE					
	Englewood			CO 80112			4	11/11/9/426			

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

ACORD	ADDITIONAL	REMA	RKS SCHEDULE	Page	of	
AGENCY			NAMED INSURED			
Stewart Insurance			Capital Title, LLC			
POLICY NUMBER						
CARRIER		NAIC CODE				
			EEEECTIVE DATE:			

CARRIER	NAIC CODE					
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOR	D FORM,					
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Remarks						
385 Inverness Parkway #300, Englewood, CO 80112 13570 Northgate Estates Dr. #200, Colorado Springs, CO 80921 1499 W. 120th Ave., #110, Westminster, CO 80234 355 S Teller Street #200, Lakewood, CO 80226 2533 West Pinyon Ave., Grand Junction, CO 81505 240 Wilcox St. #200, Castle Rock, CO 80104						

ACORD 101 (2008/01)