

CERTIFICATE OF INSURANCE		9/9/2025
<b>Producer :</b> <b>C&amp;R Insurance Service, LLC</b> <b>d/b/a Flag Insurance Services</b> <b>987 Old Eagle School Road, Suite 715</b> <b>Wayne, PA 19087</b> <b>Tel. 800-748-3524</b>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
COMPANIES AFFORDING COVERAGE		
<b>Insured:</b>  Market Title LLC 18205 Biscayne Blvd., Suite 2205 Aventura, FL 33160	COMPANY <b>A Lloyds</b>	
	COMPANY <b>B</b>	
	COMPANY <b>C</b>	
	COMPANY <b>D</b>	

**COVERAGES** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE 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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS									
<b>A</b>	<b>Cyber Insurance</b>  <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S CONT. PROT.	B10210YRS022-02	8/29/2025	8/29/2026	Per Claim	\$1,000,000								
						\$								
						\$								
					General Aggregate	\$1,000,000								
						\$								
	Deductible:	\$5,000												
	<b>AUTOMOBILE LIABILITY</b> <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	\$								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$								
					BODILY INJURY (Per accident)	\$								
					PROPERTY DAMAGE	\$								
					AUTO ONLY – EA ACCIDENT	\$								
					OTHER THAN AUTO ONLY									
					EACH ACCIDENT	\$								
					AGGREGATE	\$								
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$								
					AGGREGATE	\$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/ EXECUTIVE/OFFICERS ARE: <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="font-size: x-small; padding: 0 2px;">I</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="font-size: x-small; padding: 0 2px;">N</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="font-size: x-small; padding: 0 2px;">E</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="font-size: x-small; padding: 0 2px;">X</td></tr> </table>		I		N		E		X				STATUTORY LIMITS	
	I													
	N													
	E													
	X													
					EACH ACCIDENT	\$								
					DISEASE – POLICY LIMIT	\$								
					DISEASE – EACH EMPLOYEE	\$								

Description of Operations/Locations/Vehicles/Special Items

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance:  Market Title LLC 18205 Biscayne Blvd., Suite 2205 Aventura, FL 33160	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  <div style="display: flex; justify-content: space-between; align-items: center;"> <span>Sean James</span> </div>