

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/06/2024

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

	e terms and conditions of the policy ertificate holder in lieu of such endor				ndorsei	ment. A stat	ement on th	is certificate does not confer	rights to the	
PRODUCER						CONTACT NAME: Lockton Affinity, LLC				
Tankton Affinitus IIG					PHONE (A/C, No, Ext): 888-718-5641 (A/C, No):					
Lockton Affinity, LLC					ADDRESS:					
P. O. Box 879610 Kansas City, MO 64187-9610					INSURER(S) AFFORDING COVERAGE			NAIC#		
•					INSURER A: Starr Indemnity & Liability Company			38318		
INSURED					INSURER B:					
Starker Services, Inc., SSI Properties, Inc., LSPI Exchange Corp.					INSURER C:					
					INSURER D:					
20 South Santa Cruz Ave., Suite 304 Los Gatos, CA 95030					INSURER E:					
LOB GACOBY CA 75050					INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:				
IN CI EX INSR	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	EQUIR PERT POLIC ADDL	REMEI AIN, CIES. ISUBR	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN	CONTRACT THE POLICIE	OR OTHER [S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO DHEREIN IS SUBJECT TO ALL	WHICH THIS	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER			(MM/DD/YYYY)	EACH OCCURRENCE \$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG \$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT &		
	ANY AUTO							(Ea accident) \$ BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
	AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident) \$		
	7,0166							\$		
	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 \$		
A	DÉSCRIPTION OF OPERATIONS below Crime & Fidelity			1000058162241		02/15/2024	02/15/2025	E.L. DISEASE - POLICY LIMIT \$ See Below		
Α.	Occurrence Policy			1000030102241		02/13/2024	02/13/2023	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 (Per Occurrence) \$1,000,000 Deductible (Per Occurrence) \$50,000 Insuring Agreement J: Clients Property Limit of Liability (Per Occurrence) \$1,000,000 Deductible (Per Occurrence) \$50,000										
CERTIFICATE HOLDER						CANCELLATION				
1442435 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 FATURE					

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