

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/24/2023

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				ndorsei	ment. A stat	tement on th	is certificate does not conf	fer rights to the	
certificate holder in lieu of such endorsement(s).					CONTACT					
PRODUCER					NAME: Lockton Affinity, LLC					
Lockton Affinity, LLC					(A/C, No, Ext): 666-716-5641 (A/C, No):					
P. O. Box 879610					E-MAIL ADDRESS:					
Kansas City, MO 64187-9610					INSURER(S) AFFORDING COVERAGE			NAIC#		
INCLIDED.					INSURER A:Scottsdale Indemnity Company			15580		
NSURED Atlas 1031 Exchange, LLC					INSURER B:					
					INSURER C:					
1908 Timarron Way					INSURER D: INSURER E:					
Naples, FL 34109						INSURER F:				
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 POLICY EFF POLICY EXP										
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	CLAIMS-MADE OCCUR							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	POLICY PRO-							PRODUCTS - COMP/OP AGG \$		
	OTHER:							COMBINED SINGLE LIMIT &		
	AUTOMOBILE LIABILITY							(Ea accident)		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE &		
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident) \$		
	UMBRELLA LIAB COCUR									
	- CCCOR							EACH OCCURRENCE \$		
	GEATING-WADE							AGGREGATE \$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER ELL. EACH ACCIDENT \$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
A	Professional Liability			EKI3483719		07/15/2023	07/15/2024	. *	500,000	
	Claims Made Coverage			Retroactive Date:		07/15/2010		-	500,000	
								Retentions \$	25,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CE	RTIFICATE HOLDER			CANC	CANCELLATION					
1412586 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 FATUD. OF ALLE					

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