Client#: 288254 EXCLREA

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/21/2024

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 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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER								<sup>ст</sup> Carolyn	Camero					
Edgewood Partners Ins Center							PHONE (A/C, No, Ext): 510 452-0458 FAX (A/C, No): 925 297 2081							
3697 Mt Diablo Blvd, Suite 100							E-MAIL ADDRESS: carolyn.camero@epicbrokers.com							
Lafayette, CA 94549							INSURER(S) AFFORDING COVERAGE NAIC #							
510 452-0458							INSURER A : Palomar Specialty Insurance Company					20338		
INSURED												20000		
Exclusive Real Estate Holdings Inc; Kel							INSURER B:							
2655 First Street Ste 150							INSURER C:							
Simi Valley, CA 93065							INSURER D:							
Julia randy, or coood							INSURER E :							
								INSURER F:						
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:						
IN CI E)	DICAT ERTIF	TED. NOTWITHSTA	NDING ANY REGUED OR MAY F	QUIRI ERT <i>A</i> POL	EMEN IN, T	RANCE LISTED BELOW HAY IT, TERM OR CONDITION OF THE INSURANCE AFFORDER LIMITS SHOWN MAY HAY	F ANY D BY T	CONTRACT O HE POLICIES N REDUCED	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH R HEREIN IS SUBJE	ESPECT	TO WH	IICH THIS	
INSR LTR		TYPE OF INSURANCE			SUBR WVD			(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S		
		COMMERCIAL GENER	AL LIABILITY							EACH OCCURRENC	_	\$		
	CLAIMS-MADE OCCUR		OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
										MED EXP (Any one p		\$		
							PERSONAL & ADV II			NJURY	\$			
	GEN'	L AGGREGATE LIMIT A	APPLIES PER:							GENERAL AGGREG	SATE	\$		
		POLICY PRO- JECT	LOC							PRODUCTS - COMP		\$		
		OTHER:	LOC								70. 7.00	\$		
	AUTOMOBILE LIABILITY									COMBINED SINGLE	LIMIT	•		
		7							Ea accident) \$ BODILY INJURY (Per person) \$					
		ANY AUTO OWNED	SCHEDULED							BODILY INJURY (Pe		\$		
		AUTOS ONLY HIRED	AUTOS NON-OWNED							PROPERTY DAMAG				
		AUTOS ONLY	AUTOS ONLY							(Per accident)		\$		
												\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENC	Œ	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$		
DED RETENTION \$											\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER STATUTE	OTH- ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDEN	NT	\$			
	(Mandatory in NH)			ιτ, Α						E.L. DISEASE - EA E	MPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$							
Α				PXEOPL0082500			09/01/2024	09/01/2025	Per Claim \$1,000,000					
	Omissions									Aggregate \$1	-			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional DBA Names: Exclusive Properties Escrow, A Non-Independent Escrow / Exclusive Referral.  Additional Location: 2655 First Street, Ste 110, Simi Valley, CA 93065.														
CERTIFICATE HOLDER								CANCELLATION						
CEI	OLIVIII IOATE HOLDEN							ELLATION						
	Proof of Insurance									ESCRIBED POLICI				

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ACCORDANCE WITH THE POLICY PROVISIONS.

amero

AUTHORIZED REPRESENTATIVE