

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 te certificate does not confer rights to the certifi				require an endorsement	. A staten	nent on this	
PF	RODUCER		CONTACT NAME:	Gary Pearl				
Pe	earl Insurance	PHONE	1-800-447-4982	FAX (A/C, No): 1-866-817-9009				
	200 East Glen Avenue eoria Heights, IL 61616		(A/C, No, Ext): E-MAIL ADDRESS:	1-000-447-4902	z "A/C, N	b): 1-000-0		
			INSURER A:		AFFORDING COVERAGE URANCE COMPANY		NAIC # 22322	
IN:	SURED	INSURER B :	iRB:					
RI	E/MAX Town & Country		INSURER C :					
	84 Route 9	INSURER D:						
FI	ishkill, NY 12524-2226		INSURER E :					
			INSURER F :					
C	OVERAGES CER	TIFICATE NUMBER:	•		REVISION NUMBER	R:		
	THIS IS TO CERTIFY THAT THE POLICIES OF IN: INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE B	OF ANY CONTI ED BY THE PO EEN REDUCED	RACT OR OTH DLICIES DESCF BY PAID CLAIM	ER DOCUMENT WITH RES RIBED HEREIN IS SUBJECT	PECT TO	WHICH THIS	
INS LTI		JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
					MED EXP (Any one person)	\$		
					PERSONAL & ADV INJURY	S		
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	s		
	OTHER:					\$		
	AUTOMOBILE LIABILITY		İ		COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO				BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$		
	HIRED AUTOS AUTOS				PROPERTY DAMAGE (Per accident)	\$		
					(i or accident)	\$		
	UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$		
	DED RETENTION \$					\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$		
A	Real Estate E&O	N PEG9184787-1	09-16-2023	09-16-2024	Limits: \$1,000,000/\$1,000,000 Deductible: \$2500			
	SCRIPTION OF OPERATIONS/LOCATIONS/VE						_	
	y real estate franchise corporation of which the N issions committed by an insured on behalf of the							
Г	CERTIFICATE HOLDER		CANCELLATION					
RE/MAX LLC RE/MAX Northeast				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE				
5075 S. Syracuse St,			CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE					
	5075 S. Syracuse St Denver, CO 80237			WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY				
Denver, CO 80237				PROVISIONS.				
				AUTHORIZED F	REPRESENTATIVE	PP	8	