

CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY))
11/07/2022	

				URANU		11/	07/2022
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 i If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the	terms and conditions of th	ne policy, certain p	olicies may	•		
PRODUCER					on Certificate Cente	r	
Willis Towers Watson Northeast, Inc.			NAME: WIIIIS I PHONE (A/C, No, Ext): 1-877				-467-2378
c/o 26 Century Blvd			E-MAIL	210 1010	(A/C, NO):		107 2070
Nashville, TN 372305191 USA	P.O. Box 305191				NA10 #		
Masiville, IN 572505151 05A			INSURER(S) AFFORDING COVERAGE NAIC# INSURERA: Lloyd's Syndicate 0623 (Beazley Furlonge G B0356				
NSURED			INSURER B :				
Heritage Title Company Inc and its Subs Attn: Fidelity National Financial Inc.	Heritage Title Company Inc and its Subsidiaries						
601 Riverside Ave, Bldg 5	KISK H	giic	INSURER C : INSURER D :				
Jacksonville, FL 32204			INSURER E :				
			INSURER F :				
COVERAGES CER	TIFICA	TE NUMBER: W26616216			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES	OF INS	URANCE LISTED BELOW HA					
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN	N, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	ED BY THE POLICIE	ES DESCRIBEI	D HEREIN IS SUBJECT T		
INSR LTR TYPE OF INSURANCE	ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
COMMERCIAL GENERAL LIABILITY				,	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- JECT LOC					PRODUCTS - COMP/OP AGG	\$	
OTHER:						\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO					BODILY INJURY (Per person)	\$	
OWNED SCHEDULED					BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS HIRED NON-OWNED					PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
						\$	
					EACH OCCURRENCE	\$	
CLAIMS-MADE					AGGREGATE		
DED RETENTION \$ WORKERS COMPENSATION					PEROTH-	\$	
AND EMPLOYERS' LIABILITY Y / N					STATUTE		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N / A				E.L. EACH ACCIDENT	\$	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTION OF OPERATIONS below A Fidelity Bond/Computer Crime		W131B9221101	11/15/2022	11/15/2023	E.L. DISEASE - POLICY LIMIT		0 000
A Fidelity Bond/Computer Crime		MIJIBASSIOI	11/15/2022	11/15/2023			00,000 00,000
					Aggregate:	, 9 ∠0,00	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICL Evidence of Fidelity Bond and Con Affiliates anywhere in the world Locations: 7305 Lowell Blvd., Westminster, 0 4582 South Ulster Street Pkwy #12	mputer CO 800	Crime Insurance for		• •	,	and i	ts
CERTIFICATE HOLDER CANCELLATION							
				N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		
				ENTATIVE			
Evidence only			0.0	0			
			© 1	988-2016 AC	ORD CORPORATION.	All rial	nts reserved

AGENCY CUSTOMER ID: ______ LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED		
Willis Towers Watson Northeast, Inc.		Heritage Title Company Inc and its Subsidiaries		
		Attn: Fidelity National Financial Inc. Risk Mgmt		
POLICY NUMBER		601 Riverside Ave, Bldg 5		
See Page 1		Jacksonville, FL 32204		
		4		
CARRIER	NAIC CODE			
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: FORM TITLE: Certificate of Liability Insurance
4888 Pearl East Circle, Suite 300E (East Tower, Boulder, CO 80301
1975 Research Parkway #105 Colorado Springs, CO 80920
4582 South Ulster Street Pkwy #1300 Denver, CO 80237
300 Stafford Lane Suite 3013 Delta, CO 81416
4582 South Ulster Street Pkwy #1300 Denver, CO 80237
0050 Chambers Ave. Suite I,J,K P.O. Box 1980 Eagle, CO 81631
3491 East Harmony Road, Fort Collins 80525
330 Grand Avenue Grand Junction, CO 81501
7251 W. 20th St. Bldg. L, # 100 Greeley, CO 80634
1805 Shea Center Drive #290, Highlands Ranch, CO 80129
1375 Ken Pratt Blvd #500 Longmont, CO 80501
9101 Harlan Street #330 Westminster, CO 80031
10375 Park Meadows Dr. #550 Lone Tree, CO 80124
3900 S. Wadsworth Blvd #450 Lakewood, CO 80235
685 Market Plaza Unit C-10 Steamboat, CO 80487
300 Union Blvd. #500 Lakewood, CO 80228
90 South Cascade, Suite 950, Colorado Springs, CO 80903
1401 Wynkoop St., Suite 120 , Denver, CO 80202
627 E. Bridge Street Brighton, CO 80601
950 South Cherry Street #1400, Denver, CO 80246
3773 Cherry Creek Drive North, Suite 985, Denver CO 80209



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY
10/27/2022

						2772022
THIS CERTIFICATE IS ISSUED AS A MATTER C CERTIFICATE DOES NOT AFFIRMATIVELY OR BELOW. THIS CERTIFICATE OF INSURANCE REPRESENTATIVE OR PRODUCER, AND THE CE	NEGATIVELY AMEND, EX DOES NOT CONSTITUTE	TEND OR ALTE	ER THE CO	VERAGE AFFORD	ED BY THE	POLICIES
IMPORTANT: If the certificate holder is an ADDI If SUBROGATION IS WAIVED, subject to the term	ITIONAL INSURED, the poli	• • •		•		
this certificate does not confer rights to the certificate	•		•	equire an endorse	ment. A St	atement on
PRODUCER				on Certificate Ce	ntor	
Willis Towers Watson Southeast, Inc.						
c/o 26 Century Blvd	<u>i</u> A	HONE / <u>C, No, Ext):</u> 1-877- MAIL	945-7378	(A/C	, No): 1-888	-467-2378
P.O. Box 305191		DDRESS:				
Nashville, TN 372305191 USA		INS	URER(S) AFFOR	DING COVERAGE		NAIC #
	IN	SURER A: Houston	n Casualty	Company		42374
INSURED		SURER B :				
Heritage Title Company Inc and its Subsidiaries		SURER C :				
Attn: Fidelity National Financial Inc. Risk Mgmt 601 Riverside Ave, Bldg 5						
Jacksonville, FL 32204		SURER D :				
	IN	SURER E :				
		SURER F :				
	NUMBER: W26473284			REVISION NUMBE		
THIS IS TO CERTIFY THAT THE POLICIES OF INSUR, INDICATED. NOTWITHSTANDING ANY REQUIREMEN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, T EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. L	T, TERM OR CONDITION OF	ANY CONTRACT BY THE POLICIES EN REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RE	SPECT TO	WHICH THIS
INSR TYPE OF INSURANCE ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
				EACH OCCURRENCE DAMAGE TO RENTED	\$	
CLAIMS-MADE OCCUR				PREMISES (Ea occurrent MED EXP (Any one perso		
				PERSONAL & ADV INJU	RY \$	
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	
POLICY PRO- JECT LOC				PRODUCTS - COMP/OP	AGG \$	
					\$	
AUTOMOBILE LIABILITY				COMBINED SINGLE LIM		
				(Ea accident)	Ψ	
				BODILY INJURY (Per per	,	
OWNED SCHEDULED AUTOS ONLY AUTOS				BODILY INJURY (Per acc	ident) \$	
HIRED NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
					\$	
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	
					\$	
DED RETENTION \$				PER STATUTE E	rTH- R	
AND EMPLOYERS' LIABILITY Y / N				STATUTE E	R	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?				E.L. EACH ACCIDENT	\$	
(Mandatory in NH)				E.L. DISEASE - EA EMPL	OYEE \$	
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY I	IMIT \$	
A Errors & Omissions/Cyber Risk	14-MG-22-A15749	11/15/2022	11/15/2023	Per Claim	\$10,00	000,000
				Aggregate	\$10,00	000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of E&O and Cyber Liability Insurance for all locations and operations of the Insured and its Affiliates anywhere in the world.						
Locations: 7305 Lowell Blvd., Westminster, CO 80030						
4582 South Ulster Street Pkwy #1300 Denve	er, CO 80237					
CERTIFICATE HOLDER CANCELLATION						
			I DATE THE	ESCRIBED POLICIES :REOF, NOTICE WI Y PROVISIONS.		
AUTHORIZED REPRESENTATIVE						
		My E	Desz			
Evidence only O U						
		© 19	88-2016 AC	ORD CORPORATIO	DN. All riał	nts reserved.

AGENCY CUSTOMER ID: ______ LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

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Willis Towers Watson Southeast, Inc.		Heritage Title Company Inc and its Subsidiaries		
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POLICY NUMBER		601 Riverside Ave, Bldg 5		
See Page 1		Jacksonville, FL 32204		
CARRIER	NAIC CODE			
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