



ADDITIONAL REMARKS SCHEDULE

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

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

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, Colorado 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

DATE (MM/DD/YYYY)
02/02/2021

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

PRODUCER Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Heritage Title Company Inc and its Subsidiaries Attn: Fidelity National Financial Inc. Risk Mgmt 601 Riverside Ave, Bldg 5 Jacksonville, FL 32204	INSURER A: Houston Casualty Company NAIC # 42374	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: W20013056

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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Errors & Omissions/Cyber Risk			14-MG-20-A14874	11/15/2020	11/15/2021	Limit Per Claim \$10M Annual Agg \$10M


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:
 4582 South Ulster Street Pkwy #1300 Denver, CO 80237
 4909 Pearl East Circle, #100, Boulder, Co 80301

CERTIFICATE HOLDER

CANCELLATION

Evidence only	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 



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 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

- 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
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- 1375 Ken Pratt Blvd #500 Longmont, CO 80501
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