

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 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 Citadel Insurance Services, LC 826 E State Rd, Suite 100 American Fork, UT 84003	CONTACT NAME: Dell Johnson PHONE: 801-610-2733 FAX: 801-610-2701 EMAIL ADDR: dellj@citadelus.com <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border: none;">NAIC</td> </tr> <tr> <td style="border: none;">INSURER A : AmTrust International Underwriters Limited</td> <td style="border: none;">AA1780074</td> </tr> <tr> <td style="border: none;">INSURER B :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC	INSURER A : AmTrust International Underwriters Limited	AA1780074	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															
INSURED MTT Home Inspections, Inc 40 E 61 Street New York, NY 10065															

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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
A	GENERAL LIABILITY			PAL1256082.1602128-00	6/1/2016	6/1/2017	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">EACH OCCURRENCE</td> <td style="width: 20%; text-align: right;">\$500,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (EA OCCURRENCE)</td> <td style="text-align: right;">\$100,000</td> </tr> <tr> <td>MED EXP(ANY ONE PERSON)</td> <td style="text-align: right;">\$5,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td style="text-align: right;">\$500,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$500,000</td> </tr> <tr> <td>PRODUCTS-COMP/OP AGG</td> <td style="text-align: right;">\$500,000</td> </tr> </table>	EACH OCCURRENCE	\$500,000	DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$100,000	MED EXP(ANY ONE PERSON)	\$5,000	PERSONAL & ADV INJURY	\$500,000	GENERAL AGGREGATE	\$500,000	PRODUCTS-COMP/OP AGG	\$500,000
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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR																		
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC																		
	AUTOMOBILE LIABILITY						<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">COMBINED SINGLE LIMIT (Ea accident)</td> <td style="width: 20%;"></td> </tr> <tr> <td>BODILY INJURY (Per Person)</td> <td></td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td></td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td></td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)		BODILY INJURY (Per Person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)					
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	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS																		
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE												
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE												
	DED RETENTION \$																		
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">WC Statutory LIMITS</td> <td style="width: 40%;">OTHER</td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT</td> </tr> </table>	WC Statutory LIMITS	OTHER	E.L. EACH ACCIDENT		E.L. DISEASE - EA EMPLOYEE		E.L. DISEASE - POLICY LIMIT					
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A	Professional (E&O)			PAL1256082.1602128-00	6/1/2016	6/1/2017	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Per Claim Limit</td> <td style="width: 20%; text-align: right;">\$500,000</td> </tr> <tr> <td>Aggregate</td> <td style="text-align: right;">\$500,000</td> </tr> </table>	Per Claim Limit	\$500,000	Aggregate	\$500,000								
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DESCRIPTION OF OPERATION / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space if required)

Insured Inspectors:

CERTIFICATE HOLDER	CANCELLATION 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 Anthony Eardley
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