

CERTIFICATE OF LIABILITY INSURANCE

LMICKESH

DATE (MM/DD/YYYY) 1/11/2022

POTOTIT-01

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).

th	nis certificate does not confer rights to	o the	certi	ificate holder in lieu of su								
	DUCER				CONTA NAME:	СТ						
Sandy Spring Insurance Corporation 170 Jennifer Road, Suite 200 Annapolis, MD 21401						PHONE (A/C, No, Ext): (410) 897-5800 FAX (A/C, No): (301) 2					260-3667	
						E-MAIL ADDRESS: info@sandyspringinsurance.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
		INSURE	R A : Landma	ark Americ	an Ins. Co.							
Potomac Title Corporation 108 Schoolhouse Rd Ste 205 Madison, VA 22727 COVERAGES CERTIFICATE NUMBER:						INSURER B:						
						INSURER C:						
						INSURER D:						
						INSURER E :						
						INSURER F:						
						REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHEFIES DESCRIB	R DOCUMENT WIT SED HEREIN IS SU	TH RESPE	CT TO	WHICH THIS	
INSR LTR			SUBR				POLICY EXP (MM/DD/YYYY)		LIMITS	 S		
LIK	COMMERCIAL GENERAL LIABILITY		WVD	. 02.01		(WIW/DD/TTTT)	(IVIIVI/UU/TTTT)	EACH OCCURRENC		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTI PREMISES (Ea occu				
								MED EXP (Any one		\$		
								, ,		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV I		\$		
	POLICY PRO- LOC							GENERAL AGGREG		\$		
	OTHER:							PRODUCTS - COMP	P/OP AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	or noroon)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE accident)	\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CF.	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	-	\$		
	DED RETENTION \$							7.00.11207.112		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ψ		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA E				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$		
Α	Errors & Omissions			LHR793926		1/14/2022	1/14/2023	Per Claim		Ψ	2,000,000	
Α	Professional liab			LHR793926		1/14/2022	1/14/2023	Aggregate			2,000,000	
DED	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC UCTIBLE \$10,000 RO DATE 12/31/03	LES (A	ACORE	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requi	red)				
CERTIFICATE HOLDER						CANCELLATION						
Potomac Title Corporation 108 Schoolhouse Rd Ste 205 Madison, VA 22727						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						