

Lender Approval Information Packet

eTitle's mission is to provide exceptional service to all its clients. If you have any suggestions or concerns regarding our services we would greatly appreciate your input. We offer comprehensive title insurance services in every county of the state of Utah. In most cases, our title insurance reports are completed within three working days from the date an order is placed.

Underwriters

First American Title Insurance Company
Fidelity National Title Group
Old Republic National Title Insurance Company

Financial

Year	Revenue	# of Orders
2018	\$773,529	922

Services

Many services are available with unprecedented quality.

- Realtor services include full closing services
- Mortgage lenders and broker services include refinance premium rates, full closing services, second mortgage and home equity line products as well as a complete reconveyance-servicing department.
- Attorney services include a statewide foreclosure department, on staff foreclosure attorney, trustee sale guarantee policy, foreclosure report and recorded document images.

Office Locations

3269 South Main Street, #100
Salt Lake City, Utah 84115
Telephone: (801) 263-3400

165 East 6100 South, #100
Murray, Utah 84107
Telephone: (801) 262-1722

382 South Bluff Street, #100
St. George, Utah 84770
Telephone: (435) 688-8808

Attachments

- Certificate of errors and omissions liability insurance.
- Certificate of dishonesty bond.
- State of Utah insurance department agent license

Items Available Upon Request

- Insured closing letter.
- Schedule of title insurance rates.
- Schedule of non-title insurance fees.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/26/2019

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 Riebling Insurance Agency, LLC 100 Pine Island Avenue Babyion NY 11702	CONTACT NAME: Denise Finn PHONE (A/C, No, Ext): (516) 280-6760 FAX (A/C, No): E-MAIL ADDRESS: dfinn@riaihc.net
INSURED eTitle Insurance Agency, LLC 382 S. Bluff Street, Ste 100 Saint George UT 84770	INSURER(S) AFFORDING COVERAGE INSURER A: Underwriter at Lloyd's of London NAIC #: 15792 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** CL1922609570 **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	ADDC/UBBR INSD 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"/> PRJ-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"/> <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Errors & Omissions		SUA FEC1794-1801	08/01/2018	08/01/2019	Each Claim \$1,000,000 Aggregate \$1,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Fidelity Bond SUA FESB12306-1804 Effective 8/11/2018 - 8/11/2019 Aggregate \$500,000 Deductible \$15,000
 Cyber Liability SUA1343CYB-T-1804 Effective 8/11/2018 - 8/11/2019 Aggregate \$500,000

CERTIFICATE HOLDER Evidence of Insurance	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
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/26/2019

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 Riebling Insurance Agency, LLC 100 Fire Island Avenue Babylon NY 11702	CONTACT NAME: Denise Finn	PHONE (A/C, No, Ext): (516) 280-6760	FAX (A/C, No):
	E-MAIL ADDRESS: dfinn@rialkc.net	INSURER(S) AFFORDING COVERAGE	
INSURED eTitle Insurance Agency, LLC 3269 S. Main Street, Ste 100 Salt Lake City UT 84115	INSURER A: Underwriter at Lloyd's of London	NAIC # 15792	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: CL1922809572 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 (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Per 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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (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			SUA FEO1794-1801	08/01/2018	08/01/2019	Each Claim \$1,000,000 Aggregate \$1,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Fidelity Bond SUAFESB12306-1804 Effective 8/11/2018 - 8/11/2019 Aggregate \$500,000 Deductible \$15,000

Cyber Liability SUA1343CYB-T-1804 Effective 8/11/2018 - 8/11/2019 Aggregate \$500,000

EVIDENCE OF INSURANCE Evidence of insurance	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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/01/2018

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 Riebling Insurance Agency, LLC 100 Fire Island Avenue Babylon NY 11702	CONTACT NAME: Denise Finn	
	PHONE (A/C No, Ext): (516) 280-6760	FAX (A/C No):
	E-MAIL: dfinn@riallc.net	
	ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Underwriter at Lloyd's of London	NAIC #: 15792
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL188108028 REVISION NUMBER:

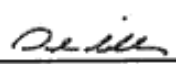
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 (MMDD/YYYY)	POLICY EXP (MMDD/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 - COMPROP 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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Errors & Omissions			SUA FE01794-1801	08/01/2018	08/01/2019	Each Claim \$1,000,000 Aggregate \$1,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Fidelity Bond SUAFESB12306-1804 Effective 8/11/2018 - 8/11/2019 Aggregate \$500,000 Deductible \$15,000

Cyber Liability SUA1343CYB-T-1804 Effective 8/11/2018 - 8/11/2019 Aggregate \$500,000

CERTIFICATE HOLDER Evidence of Insurance	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 

© 1988-2015 ACORD CORPORATION. All rights reserved.

This Declaration Page is attached to and forms part of Certificate provisions (Form SLC-3 USA NMA 2868)

Previous No. NONE	Authority Ref. No. B0621PFDO16217	Certificate No. SUA FEO1794-1801
----------------------	--------------------------------------	-------------------------------------

1. Name and address of the Assured:

eTitle Insurance Agency, LLC
165 East 6100 South #100
Murray, UT 84107

The insurer issuing this policy does not hold a certificate of authority to do business in this state and thus is not fully subject to regulation by the Utah Insurance commissioner. This policy receives no protection from any of the guaranty associations created under Chapter 28, Title 31A.

2. Effective from 08/01/2018 to 08/01/2019
both days at 12:01 a.m. standard time.

3. Insurance is effective with certain **UNDERWRITERS AT LLOYD'S, LONDON.**
Percentage: 100%

4. Amount	Coverage	Rate	Premium		
\$ 1,000,000	Title Agents Errors and Omissions		\$ 6,716.00	surplus lines tax	\$ 288.62
				stamp fee	\$ 12.22
				filing fee	\$ 75.00
				hurricane fund (FL only)	\$ 0.00
				inspection fee	\$ 0.00
				other tax	\$ 0.00
				administration fee	\$ 0.00
				fire marshal tax	\$ 0.00
				Gross Total	\$ 7,091.84

5. Forms attached hereto and special conditions:
E&O Protection 2011, NMA 2918, DPC1, NMA 1168, P&P 1, NMA 1256, NMA 5020, NMA 1477,
NMA 358, LSW 1001, PCS1, ESBE0 SEC1, NMA 5021, SLC-3 (USA) NMA 2868 (24/08/2000), SUA
1, CONST1, G54, G36, G38(A)

6. Service of Suit may be made upon:
David L. Koury, BATES CAREY LLP, 191 North Wacker Drive, Suite 2400, Chicago, IL 60606
Telephone: 312-762-3226, Facsimile: 312-762-3200, dkoury@batescarey.com

7. In the event of a claim, please notify the following:
David L. Koury, BATES CAREY LLP, 191 North Wacker Drive, Suite 2400, Chicago, IL 60606
Telephone: 312-762-3226, Facsimile: 312-762-3200, dkoury@batescarey.com

Dated 08/21/2018

By 

Correspondent



State of Utah
GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Insurance Department

Licenses must submit address changes to the Utah Insurance Department within 30 day of the change. All such changes should be submitted online at www.sircon.com/utah or www.iupr.com.

Individual producers cannot solicit, sell or negotiate insurance until appointed by an insurer or designated to act by an insurance agency.

Insurance Agencies cannot solicit, sell or negotiate insurance until contracted and appointed by an insurer.

Resident Producer Organization

Title Escrow, Title Examination

eTITLE INSURANCE AGENCY LLC

165 EAST 6100 SOUTH

STE 100

MURRAY, UT 84107


is authorized to transact business as described above

License No: 104994

Issue Date: 07-07-2011

Expiration Date: 06-30-2019

Generated by Siron 149210729

<p>State of Utah Insurance Department</p> <p>THIS IS TO CERTIFY THAT</p> <p>eTITLE INSURANCE AGENCY LLC 165 EAST 6100 SOUTH, STE 100, MURRAY, UT 84107</p> <p>LICENSE NUMBER: 104994</p>	 <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>Resident Producer Organization Title Escrow, Title Examination</p> <p>Issue Date: 07-07-2011 Expiration Date: 06-30-2019</p> <p>Generated by Siron 149210729</p>
---	--

This Declaration Page is attached to and forms part of Certificate provisions (Form SLC-3 USA NMA 2868)

Previous No. Authority Ref. No. Certificate No.
SUA FESB10306-1703 B0621PFDO16217 SUA FESB10306-1804

1. Name and address of the Assured:
eTitle Insurance Agency, LLC
165 East 6100 South #100
Murray, UT 84107

The insurer issuing this policy does not hold a certificate of authority to do business in this state and thus is not fully subject to regulation by the Utah Insurance commissioner. This policy receives no protection from any of the guaranty associations created under Chapter 28, Title 31A.

2. Effective from 08/11/2018 to 08/11/2019
both days at 12:01 a.m. standard time.

3. Insurance is effective with certain **UNDERWRITERS AT LLOYD'S, LONDON**
Percentage: 100%

4. Amount	Coverage	Rate	Premium	other tax	\$ 0.00
\$ 500,000	ESCROW SECURITY BOND		\$ 5,337.00	admin fee	\$ 0.00
				surplus lines tax	\$ 230.01
				stamp fee	\$ 9.74
				filing fee	\$ 75.00
				hurricane fund (FL only)	\$ 0.00
				Gross Total	\$ 5,651.75

5. Forms attached hereto and special conditions:

NMA 2918 08/10/2001, LMA 5217, NMA 1256, NMA 1477, LMA 5020, LMA 5021,
BEJ&H DISCOVERY LIMITATION CLAUSE, NMA 358, LSW 1001, PCS1 SEC1,
AGG1, SLC-3 (USA) NMA 2868 (24/08/2000), LMA5217, Forgery 1, SETTLEMENT2,
NMA1168, C250, H23, H87

6. Service of Suit may be made upon:
David L. Koury, BATES CAREY LLP, 191 North Wacker Drive, Suite 2400, Chicago, IL 60606
Telephone: 312-762-3226, Facsimile: 312-762-3200, dkoury@batescarey.com

7. In the event of a claim, please notify the following:
David L. Koury, BATES CAREY LLP, 191 North Wacker Drive, Suite 2400, Chicago, IL 60606
Telephone: 312-762-3226, Facsimile: 312-762-3200, dkoury@batescarey.com

Dated 08/21/2018

By 

Correspondent

This Declaration Page is attached to and forms part of Certificate provisions (Form SLC-3 USA NMA 2868)

Previous No. SUA 1343CYB-T-1703 Authority Ref. No. B0621PFDO17518 Certificate No. SUA 1343CYB-T-1804

1. Name and address of the Assured:

eTitle Insurance Agency, LLC
165 East 6100 South #100
Murray, UT 84107

The insurer issuing this policy does not hold a certificate of authority to do business in this state and thus is not fully subject to regulation by the Utah Insurance commissioner. This policy receives no protection from any of the guaranty associations created under Chapter 28, Title 31A.

2. Effective from 08/11/2018 to 08/11/2019
both days at 12:01 a.m. standard time.

3. Insurance is effective with certain **UNDERWRITERS AT LLOYD'S, LONDON.**
Percentage: 100%

4	Amount	Coverage	Rate	Premium		
	\$ 500,000	Cyber Liability		Premium included within the package premium shown on policy number SUA FESB10306-1804	surplus lines tax stamp fee filing fee hurricane fund (FL only) other tax administration fee fire marshal tax	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00
					Gross Total	\$ 0.00

5. Forms attached hereto and special conditions:
E1, E2, E7, E9, E14, E15, E56, E57, E94, SLC-3 (USA) NMA 2868 (24/08/2000), E87, E54, SUA 1, E3, E58, E18, E19

6. Service of Suit may be made upon:
Mendes and Mount, LLP
750 Seventh Avenue, New York, NY 10019 USA

7. In the event of a claim, please notify the following:
Kari A. Timm
Bates Carey LLP
191 North Wacker, Suite 2400
Chicago, Illinois 60606

Via: Stateside Underwriting Agency
265 Exchange Drive, Suite 101
Crystal Lake, Illinois 60014, USA

Dated 08/21/2018

By 
Correspondent

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
eTitle Insurance Agency, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **P**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
165 East 6100 South, Suite 100

6 City, state, and ZIP code
Murray, UT 84107

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

or

Employer identification number

2	0	-	2	6	0	2	1	4	9
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶  Date ▶ **2-26-19**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.