

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/13/2023

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.

th	e te	rms and condi	ition	s of the policy	, cert	ain p	olicies may require an er							
certificate holder in lieu of such endorsement(s). PRODUCER									CONTACT Laura Knight					
									PHONE 240 FOZ CE22 FAX					
Laura Knight dba: Silver State Law Pro 3575 Katherine Way								(A/C, No, Ext): 240-307-3323 (A/C, No):						
Frederick, MD 21704								ADDICES.						
								INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Greenwich Insurance Company 22322					NAIC#	
													22322	
INSURED								INSURER B:						
Sabins Recording Services, Inc.								INSURER C:						
739 Thimble Shoals Blvd., Suite 704 Newport News, VA 23606								INSURER D :						
INGWPOILINGWS, VA 20000								INSURER E :						
								INSURER F:						
							NUMBER:	REVISION NUMBER:  VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
IN C E	IDIC <i>I</i> ERTI	ATED. NOTWIT	HST E IS	ANDING ANY RESUED OR MAY	EQUIF PERT POLI	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE				WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
		COMMERCIAL GENERAL LIABILITY									EACH OCCURRENCE	\$		
		CLAIMS-MAD	DE [	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
											MED EXP (Any one person)	\$		
											PERSONAL & ADV INJURY	\$		
	GEN	N'L AGGREGATE LII		APPLIES PER:							GENERAL AGGREGATE	\$		
		POLICY PR	RO- CT	LOC							PRODUCTS - COMP/OP AGG	\$		
		OTHER:										\$		
	AUT	TOMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO									BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS		SCHEDULED AUTOS							,	\$		
		HIRED AUTOS		NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
												\$		
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$		
		DED RETE	ENTIC	DN \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below									PER OTH- STATUTE ER				
				N/A						E.L. EACH ACCIDENT	\$			
				N/A						E.L. DISEASE - EA EMPLOYEE	\$			
										E.L. DISEASE - POLICY LIMIT	\$			
Α	PL -	L - Professional Liability					TAG0154277		01/01/2023	01/01/2024	\$1,000,000 Each Claim \$1,000,000 Annual Aggregate			
Ded	uctib	FION OF OPERATIO ble: \$5,000 Each ate: 02/09/2011			LES (A	ACORE	0 101, Additional Remarks Schedu	lle, may b	e attached if mor	re space is requir	ed)			
		TOATE !!O! D!						0.637	CANCELLATION					
	CERTIFICATE HOLDER								CANCELLATION					
Sabins Recording Services, Inc. 739 Thimble Shoals Blvd., Suite 704 Newport News, VA 23606								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		1						AUTHO	RIZED REPRESE	NTATIVE	01/13/	2023		