

DATE (MM/DD/YYYY) 01/27/2020

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.

PRODUCE	R				CONTACT Tina Hutter							
Riebling	Insurance Agency, LLC				PHONE (A/C, No, Ext): FAX (A/C, No):							
100 Fire	Island Avenue				E-MAIL ADDRE	thutter@r	iallc.net					
							SURER(S) AFFOR	RDING COVERAGE			NAIC#	
Babylon				NY 11702	INSURE	Hadaaii	iter at Lloyd's				15792	
INSURED					INSURER B:							
	Alliance Title Group, LLC				INSURER C :							
	636 Trade Center Boulevard											
					INSURER D : INSURER E :							
	Chesterfield			MO 63005								
COVER		TIFIC	ATE		INSURER F :							
COVER				NOMBER.	989 REVISION NUMBER: EN 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.												
	SIONS AND CONDITIONS OF SUCH PO				REDUC							
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	DE .	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	ED	\$		
					MED EXP (Any one		\$					
								\$				
051								PERSONAL & ADV I				
GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREG		\$			
<u> </u>	POLICY JECT LOC							PRODUCTS - COMP	P/OP AGG	\$		
ALIT	OTHER:							COMBINED SINGLE	LIMIT	\$		
1								(Ea accident)		-		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Pe		\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Pe		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
										S		
	UMBRELLA LIAB OCCUR					EACH OCCURRENC	CE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	EKERS COMPENSATION EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	۱T	s		
OFFI (Man	CER/MEMBER EXCLUDED?	IN/A						E.L. DISEASE - EA E		\$		
If yes	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POL		s		
								Each Claim		-	00,000	
A Erro	ors & Omissions			SUAFEO1875-2002		02/15/2020	02/15/2021	Aggregate		\$2.0	00,000	
								Deductible		\$5.0	00-00 F (00000000	
DESCRIPT	ION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01. Additional Remarks Schedule.	mav be a	ttached if more so	pace is required)	Wall of the state				
	Liability SUA2394CYB-T-2002 Eff 2/15/					20000000000000000000000000000000000000	rass is required,					
	Bond SUAFESB10736-2002 Eff 2/15/2											
Corporat	Office											
Corporat 636 Trad	e Center Blvd.											
	eld, MO 63005											
	7											
CERTIFI	CATE HOLDER				CANC	ELLATION						
								SCRIBED POLICIE NOTICE WILL BE			BEFORE	
	Evidence of Insurance					ORDANCE WIT			DELIVER	YED IIV		
	27.3333 3. 1104141100						1					
					AUTHO	RIZED REPRESEN	TATIVE					
	1						1.	Delde				



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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 ce	rtificate does not confer rights to t	he ce	rtific	ate holder in lieu of such	CONTAC	ement(s). Tina Hutter	,			\dashv		
PRODUCER					CONTACT Tina Hutter NAME: PHONE (A/C, No, Ext): (516) 280-6759 (A/C, No, Ext): (A/C, No):							
Riebling I	nsurance Agency, LLC				(A/C, No.	EXT):		(A/C, No):				
100 Fire I	sland Avenue				ADDRES							
								DING COVERAGE	1579			
Babylon				NY 11702	INSURER	(A:	ter at Lloyd's of	London	1070			
INSURED	THE 0 110				INSURER B:							
	Alliance Title Group, LLC				INSURER C:							
	636 Trade Center Boulevard				INSURER D:							
				MO 00005	INSURER E :							
	Chesterfield			MO 63005	INSURE	RF:		REVISION NUMBER:				
COVERA	GES CERT	IFICA	ATE N	NUMBER: CL201271199		TO THE INCHE			OD			
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.								HIS				
INSR LTR		ADDL S INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3			
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
GEN	'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:							COMPANIED ON OLE LIMIT	\$			
AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	ACTOC CITE.								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	KERS COMPENSATION							PER OTH- STATUTE ER				
ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
OFFI (Man	CER/MEMBER EXCLUDED?	IN / A						E.L. DISEASE - EA EMPLOYEE	\$			
If yes	describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
								Each Claim	\$1,000,000			
A	ors & Omissions			SUAFEO1875-2002		02/15/2020	02/15/2021	Aggregate	\$2,000,000			
								Deductible	\$5,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Cyber Liability SUA2394CYB-T-2002 Eff 2/15/2020-**2/15/2021 Aggregate \$1,000,000 Deductible \$2,500 **Fidelity Bond SUAFESB10736-2002 Eff 2/15/2002-2/15/2021 Aggregate \$1,000,000 Deductible \$7,500 Chesterfield Office 17050 Baxter Rd, Ste 200 Chesterfield, MO 63005												
CEPTIE	ICATE HOLDER				CANC	ELLATION						
CERTIF	Evidence of Insurance				SHC THE ACC	OULD ANY OF T EXPIRATION I CORDANCE WI	DATE THEREO TH THE POLIC	ESCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		E		
					AUTHO	RIZED REPRESE	NTATIVE					
								Delle				
			T 1	ACORD name and logo	ara rac!:			ACORD CORPORATION	. All rights rese	erved.		



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PRODUCE	B S				CONTACT Tina Hutter							
	Insurance Agency, LLC				PHONE (516) 280-6759 FAX (A/C, No, Ext):							
	Island Avenue				E-MAIL thutter@riallc.net ADDRESS:							
100 File	Island Avenue				ADDRES		SUBERIES AFFOR	DING COVERAGE		NAIC#		
				NY 11702		Lladonuri				15792		
Babylon				NT 11702	INSURER A:							
INSURED					INSURER B:							
	Alliance Title Group, LLC				INSURER C:							
	636 Trade Center Boulevard				INSURER D :							
					INSURER E :							
	Chesterfield			MO 63005	INSURER F:							
COVER	AGES CERT	IFIC	ATE N	NUMBER: CL201271199				REVISION NUMBER:				
TILICI	S TO CERTIEV THAT THE BOLICIES OF I	NSUR/	ANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSUF	RED NAMED AE	BOVE FOR THE POLICY PER	IOD			
INDIC	ATED. NOTWITHSTANDING ANY REQUIF FICATE MAY BE ISSUED OR MAY PERTA JSIONS AND CONDITIONS OF SUCH POI	REMEN	NT, TE IE INS	RM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLICI	CT OR OTHER ES DESCRIBEI	DOCUMENT V DHEREIN IS SU	VITH RESPECT TO WHICH I	ПІЭ			
INSR		ADDL	SUBRI			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MIMIMI)		s			
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED				
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
			1					PERSONAL & ADV INJURY	\$			
GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:								\$			
AU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
-	ANY AUTO							BODILY INJURY (Per person)	\$			
-	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
-	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$			
-	AUTOS ONLY AUTOS ONLY							The state of the s	\$			
	UMBRELLA LIAB OCCUP							EACH OCCURRENCE	\$			
-	- James Harris							AGGREGATE	s			
-	CLAINIS-IVIABL							AOOREGATE	s			
NA/C	DED RETENTION \$ PRKERS COMPENSATION							PER OTH-	1			
AN	D EMPLOYERS' LIABILITY Y/N								s			
	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT				
(Ma	andatory in NH) es, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
DÉ	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT Each Claim	\$ \$1.0	000,000		
F	rrors & Omissions					00/45/0000	00/15/0001	a salah sala		000,000		
A	7			SUAFEO1875-2002		02/15/2020	02/15/2021	Aggregate	100 100			
								Deductible	\$5,0	700		
	TION OF OPERATIONS / LOCATIONS / VEHICLE						pace is required)					
Cyber I **Fideli	iability SUA2394CYB-T-2002 Eff 2/15/20 ty Bond SUAFESB10736-2002 Eff 2/15/2	020-** 2002-2	2/15/2 2/15/2	2021 Aggregate \$1,000,000 2021 Aggregate \$1,000,000 [Deductib Deductibl	e \$7,500 e \$7,500						
Claytor	n Office laryland Avenue											
	n, MO 63106											
						OFILIATION						
CERTI	FICATE HOLDER				T	CELLATION						
					SHO	OULD ANY OF	THE ABOVE DE	SCRIBED POLICIES BE CA	NCELLE	D BEFORE		
					THE	EXPIRATION	DATE THEREO	F, NOTICE WILL BE DELIVE				
	Evidence of Insurance				ACC	CORDANCE WI	TH THE POLIC	Y PROVISIONS.				
	Commission Conference Conference (Conference Conference											
1					AUTHO	ORIZED REPRESE	NIATIVE					
							12	Delle				
							© 1988-2015	ACORD CORPORATION	ı. All ri	gnts reserved.		



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PRODUCER					NAME: Ina Hutter						
Riebling Ins	urance Agency, LLC				PHONE (A/C, No, Ext): (516) 280-6759 FAX (A/C, No):						
100 Fire Isla	and Avenue				E-MAIL ADDRESS: thutter@riallc.net						
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC #	
Babylon				NY 11702	INSURE	RA: Underwri	ter at Lloyd's o	f London		15792	
INSURED					INSURER B:						
	Alliance Title Group, LLC				INSURER C:						
	636 Trade Center Boulevard				INSURER D :						
					INSURER E :						
	Chesterfield			MO 63005	INSURE						
COVERAG	FS CERT	TIFIC/	ATE N	NUMBER: CL201271199				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN						ACT OR OTHER ES DESCRIBEI ED BY PAID CL	R DOCUMENT V D HEREIN IS SU LAIMS.	VITH RESPECT TO WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
GEN'I A	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$			
	DLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	THER:								\$		
	MOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
I AN	NY AUTO							BODILY INJURY (Per person)	\$		
	WNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
HI	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
AL AL	AUTOS ONLY								\$		
UI	MBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
E	XCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	ED RETENTION \$								\$		
	ERS COMPENSATION							PER OTH- STATUTE ER			
	MPLOYERS' LIABILITY OPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
OFFICE	R/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, de	escribe under IPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
								Each Claim	\$1,00	0,000	
A Errors	s & Omissions			SUAFEO1875-2002		02/15/2020	02/15/2021	Aggregate	\$2,00	0,000	
								Deductible	\$5,00	00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Cyber Liability SUA2394CYB-T-2002 Eff 2/15/2020-**2/15/2021 Aggregate \$1,000,000 Deductible \$2,500 **Fidelity Bond SUAFESB10736-2002 Eff 2/15/2002-2/15/2021 Aggregate \$1,000,000 Deductible \$7,500 Fenton Office 400 Old Smizer Mill Fenton, MO 63026											
CERTIFICA	ATE HOLDER				CANO	CELLATION					
	Evidence of Insurance			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					BEFORE		
					AUTHO	RIZED REPRESE	MINE				
	1						/	Delle			



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PRODUCE	र				CONTACT Tina Hutter							
Riebling	Insurance Agency, LLC				PHONE (A/C, No, Ext): FAX (A/C, No):							
100 Fire	Island Avenue				E-MAIL ADDRESS: thutter@riallc.net							
					ADDITED		SUPERIS) AFFOR	DING COVERAGE		NAIC #		
Babylon				NY 11702	INSURER A: Underwriter at Lloyd's of London 15792							
INSURED					INSURER B:							
	Alliance Title Group, LLC				INSURER C:							
	636 Trade Center Boulevard				INSURER D :							
					INSURER E :							
	Chesterfield			MO 63005	INSURE	R F :						
COVER	AGES CER	TIFIC	ATE I	NUMBER: CL201271199				REVISION NUMBER:				
INDICA	TO CERTIFY THAT THE POLICIES OF I TED. NOTWITHSTANDING ANY REQUI FICATE MAY BE ISSUED OR MAY PERTA	REMEI	NT, TE	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLICIE	CT OR OTHER ES DESCRIBEI	R DOCUMENT V D HEREIN IS SI	VITH RESPECT TO WHICH T	HIS			
EXCLU INSR	SIONS AND CONDITIONS OF SUCH PO	ADDL			REDUCI	POLICY EFF	POLICY EXP (MM/DD/YYYY)					
LTR	TYPE OF INSURANCE	INSD		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT				
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
GEN	LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:							COMBINED SINGLE LIMIT	\$			
AUT	OMOBILE LIABILITY							(Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS AUTOS				1			BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	RKERS COMPENSATION							PER OTH- STATUTE ER				
20000	PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
								Each Claim	\$1,000,	000		
A Err	ors & Omissions			SUAFEO1875-2002		02/15/2020	02/15/2021	Aggregate	\$2,000,	000		
								Deductible	\$5,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Cyber Liability SUA2394CYB-T-2002 Eff 2/15/2020-**2/15/2021 Aggregate \$1,000,000 Deductible \$2,500 **Fidelity Bond SUAFESB10736-2002 Eff 2/15/2002-2/15/2021 Aggregate \$1,000,000 Deductible \$7,500 Festus Office 348 Festus Centre Drive Festus, MO 63028												

CERTIF	ICATE HOLDER				CANC	ELLATION						
	Evidence of Insurance				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							
					, and the	es mest		Delle				
								ACORD CORPORATION	All right	roconvod		



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LIII	s certificate does not comer rights to	tile C	CILIII	Jule Holder III lied of such		-						
PROD	JCER				CONTAC NAME:	Tilla Tiutte						
Rieb	ing Insurance Agency, LLC				PHONE (A/C, No, Ext): (516) 280-6759 FAX (A/C, No):							
100 l	Fire Island Avenue				E-MAIL ADDRES	thutter@ri	allc.net					
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SURER(S) AFFOR	DING COVERAGE		NAIC #		
Baby	lon			NY 11702	INSURE	Undonuri	ter at Lloyd's o			15792		
INSUF	ED				INSURER B:							
	Alliance Title Group, LLC				INSURER C:							
	636 Trade Center Boulevard				INSURE							
					INSURE							
	Chesterfield			MO 63005	INSURE							
COV		TIEIC	ATE	NUMBER: CL201271200		KF.		REVISION NUMBER:				
	S IS TO CERTIFY THAT THE POLICIES OF					TO THE INSUE			IOD			
IND	DICATED. NOTWITHSTANDING ANY REQUIRED FOR MAY PERFORM AND CONDITIONS OF SUCH POSITIONS OF SUCH POSITIO	REME	NT, TE HE INS	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA POLICII	CT OR OTHER ES DESCRIBEI	DOCUMENT V DHEREIN IS SI	WITH RESPECT TO WHICH TI	HIS			
INSR	TYPE OF INSURANCE	ADDL	SUBR		T	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NOMBER		(MM/DD/1111)	(MIMI/OD/TTTT)		\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
Ì								PERSONAL & ADV INJURY	\$			
1	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
Ì	PRO-							PRODUCTS - COMP/OP AGG	\$			
ŀ									\$			
	OTHER: AUTOMOBILE LIABILITY	-						COMBINED SINGLE LIMIT (Ea accident)	\$			
1	ANY AUTO							BODILY INJURY (Per person)	\$			
}	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
}	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$			
-	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
		-										
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$		ļ					PER OTH-	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	Errors & Omissions							Each Claim	\$1,0	00,000		
Α	Ellois & Ollissions			SUAFEO1875-2002		02/15/2020	02/15/2021	Aggregate	\$2,0	00,000		
								Deductible	\$5,0	00		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	ttached if more s	pace is required)					
Cybe **Fic	er Liability SUA2394CYB-T-2002 Eff 2/15/2 elity Bond SUAFESB10736-2002 Eff 2/15/	020-** 2002-	*2/15/2 2/15/2	2021 Aggregate \$1,000,000 E 2021 Aggregate \$1,000,000 D	Deductible eductible	le \$2,500 e \$7,500						
Sain	t Peters Office											
	Salt Lick Road											
St. F	eters, MO 63090											
					04110	ELL ATION						
CER	TIFICATE HOLDER				LANC	ELLATION						
	Evidence of Insurance				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHO	RIZED REPRESE	NTATIVE					
							/	Delle				



DATE (MM/DD/YYYY) 01/27/2020

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.

	certificate does not confer rights to t	ne ce	runc	ate noider in ned or such	CONTAC	7						
PRODUC	ER				NAME:							
Rieblin	Insurance Agency, LLC				(A/C, No, Ext): (A/C, No):							
100 Fir	e Island Avenue				E-MAIL ADDRES	ss: thutter@ria	allc.net					
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC#		
Babylo	١			NY 11702	INSURER A: Underwriter at Lloyd's of London 15792							
NSURE)				INSURER B:							
	Alliance Title Group, LLC				INSURER C:							
	636 Trade Center Boulevard				INSURER D :							
					INSURER E :							
	Chesterfield			MO 63005	INSURER F:							
				NUMBER: CL201271200				REVISION NUMBER:				
INDIC	IS TO CERTIFY THAT THE POLICIES OF IN CATED. NOTWITHSTANDING ANY REQUIR FIFICATE MAY BE ISSUED OR MAY PERTAL USIONS AND CONDITIONS OF SUCH POL	EMEN N, TH	NT, TE	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA E POLICI	CT OR OTHER ES DESCRIBEI	DOCUMENT V DHEREIN IS SI	WITH RESPECT TO WHICH T	HIS			
VSR TR	[A	ADDL S	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
-114	COMMERCIAL GENERAL LIABILITY	INSU	VVVD			,,,,,,	,	EACH OCCURRENCE	\$			
-	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
	CEANG-WADE GOODN							MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	s			
	LI LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
G	PRO-							PRODUCTS - COMP/OP AGG	\$			
									\$			
A	JTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
-	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
-	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$			
-	AUTOS ONLY AUTOS ONLY							(Fer accident)	\$			
-	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
-	CEATIVIS-IVIADE							7,001,201,12	\$			
W	DED RETENTION \$ DRKERS COMPENSATION							PER OTH- STATUTE ER				
	ID EMPLOYERS' LIABILITY Y / N IY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
OF	FICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
lf v	res, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
								Each Claim	\$1,00	0,000		
A	rrors & Omissions			SUAFEO1875-2002		02/15/2020	02/15/2021	Aggregate	\$2,00	0,000		
								Deductible	\$5,00	0		
DESCRI	L PTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)					
Cyber	Liability SUA2394CYB-T-2002 Eff 2/15/20 ity Bond SUAFESB10736-2002 Eff 2/15/2	20-**	2/15/2	2021 Aggregate \$1,000,000 D	Deductib	le \$2,500						
Washii	ngton Office											
1201 J	efferson, Ste 200											
Washi	ngton, MO 63090											
CERT	FICATE HOLDER				CANC	ELLATION						
2=:::												
	Evidence of Insurance				THE	EXPIRATION [DATE THEREO	ESCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE		
							* I T A T D / F					
					AUTHO	RIZED REPRESE	NIATIVE					
							/	Dulle				
					1							



DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE 01/27/2020 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). CONTACT NAME: Tina Hutter PRODUCER PHONE (A/C, No, Ext): E-MAIL (516) 280-6759 FAX (A/C, No) Riebling Insurance Agency, LLC thutter@riallc.net 100 Fire Island Avenue ADDRESS NAIC # INSURER(S) AFFORDING COVERAGE 15792 NY 11702 Underwriter at Lloyd's of London Babylon INSURER A INSURED INSURER B Alliance Title Group, LLC INSURER C 636 Trade Center Boulevard INSURER D INSURER E Chesterfield MO 63005 **INSURER F** CL2012712005 REVISION NUMBER: **CERTIFICATE NUMBER:** COVERAGES 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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDLISUBR INSR LTR TYPE OF INSURANCE POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ OCCUR PREMISES (Ea occurrence) \$ CLAIMS-MADE MED EXP (Any one person) \$ PERSONAL & ADV INJURY S GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG LOC POLICY OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ BODILY INJURY (Per person) \$ ANY AUTO OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY HIRED PROPERTY DAMAGE \$ (Per accident AUTOS ONLY \$ UMBRELLALIAB EACH OCCURRENCE OCCUR

							Deductible			
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
Cyb **Fid	Cyber Liability SUA2394CYB-T-2002 Eff 2/15/2020-**2/15/2021 Aggregate \$1,000,000 Deductible \$2,500 **Fidelity Bond SUAFESB10736-2002 Eff 2/15/2002-2/15/2021 Aggregate \$1,000,000 Deductible \$7,500									
Mer	tzville Office									

SUAFEO1875-2002

CERTIFICATE HOLDER	CANCELLATION							
Evidence of Insurance	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							
	Delle							

02/15/2020

02/15/2021

AGGREGATE

Each Claim

Aggregate

STATUTE

E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

\$

\$

\$1,000,000

\$2,000,000

\$5,000

EXCESS LIAB

AND EMPLOYERS' LIABILITY

Frrors & Omissions

1905 Wentzville Pkwy Wentzville, MO 63385

DED WORKERS COMPENSATION

RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

CLAIMS-MADE