

DATE (MM/DD/YYYY) 02/15/2019

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.

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	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to				•	•	may require	an endorsement. A stat	ement (on	
_	DUCER				CONTACT Tina Hutter						
	oling Insurance Agency, LLC				PHONE (516) 280-6759 FAX						
	Fire Island Avenue				I E-MAIL	thuttor@ri		(A/C, No):			
'					ADDRESS:						
l Bah	ylon			NY 11702		NAIC # 11515					
INSL	•			141 11702	INSURE	15792					
"130	Alliance Title Group, LLC				INSURER B: Underwriters at Lloyd's London						
	636 Trade Center Boulevard				INSURE						
	636 Trade Certier Bodievard				INSURER D:						
	Chasterfield			MO 02005	INSURE	RE:					
<u> </u>	Chesterfield			MO 63005	INSURE	RF:		DEV//010111111111111111111111111111111111			
				NUMBER: CL192150947		TO THE INCHE		REVISION NUMBER:	100		
	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU										
	ERTIFICATE MAY BE ISSUED OR MAY PERT										
	XCLUSIONS AND CONDITIONS OF SUCH PO		S. LIM SUBR		REDUC	ED BY PAID CL	_AIMS. POLICY EXP	T			
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
Α								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	Errors & Omission's							Each Claim	\$1,0	000,000	
Α	2.1010 & 0.11100.01.10			STA10498-00		02/15/2019	02/15/2020	Aggregate	\$2,0	000,000	
								Deductible	\$5,0	000	
Fide	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Blity Bond - SUAFESB10736-1901 - Aggreg er Liability - SUA2394CYB-T-1901 - Aggreg	ate - \$	1,000	,000 Deductible \$7,500	may be a	ttached if more sp	pace is required)				
170	esterfield Office 50 Baxter Rd, Ste 200 esterfield, MO 63005										
CEI	RTIFICATE HOLDER				CANC	ELLATION					
	Evidence of Insurance				THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		D BEFORE	
					AUTHO	RIZED REPRESEN	NTATIVE				
	1				Quille						



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th	is certificate does not confer rights to	the	certifi	cate holder in lieu of such		` ,						
PROI	DUCER				CONTACT Tina Hutter							
Rieb	ling Insurance Agency, LLC				PHONE (A/C, No	p. Ext): (516) 28	80-6759		FAX (A/C, No):			
100	Fire Island Avenue				E-MAIL ADDRE	thuttor@ri	allc.net					
							SURER(S) AFFOR	RDING COVERAGE			NAIC#	
Bab	/lon			NY 11702	INSURE	ODE C.	eciatly Insuran				11515	
INSU	RED				INSURER B: Underwriters at Lloyd's London						15792	
	Alliance Title Group, LLC				INSURER B: Officer writers at Eloyd's Editaon							
	636 Trade Center Boulevard											
	oce made comer bedievard				INSURER D :							
	Chesterfield			MO 63005	INSURER E :							
L					INSURE	RF:		DE1//0101111111				
				HOMBER.		TO THE INCLU		REVISION NUM		IOD		
IN CE	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PERT ICLUSIONS AND CONDITIONS OF SUCH PO	IREME AIN, T	ENT, TI	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTR. E POLIC	ACT OR OTHER IES DESCRIBEI	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO	O WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBLIX		(MIM/DD/1111)	(WIW/DD/1111)	EACH OCCURRENCE		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	ED	\$		
								MED EXP (Any one	person)	\$		
Α								PERSONAL & ADV I	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	GATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE .	\$		
	No roo oner							(* 5. 5.5.5)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENG	CF	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							7.001.201.12		\$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN	•	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E		\$		
	If yes, describe under									\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL Each Claim	LICY LIMIT	-	000,000	
Α	Errors & Omission's			STA10498-00		02/15/2019	02/15/2020	Aggregate			000,000	
``						02/10/2010	02, 10, 2020	Deductible		\$5,0		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	COPD 1	01 Additional Pamarks Schodula	may bo a	ttached if more cr	agon is roquirod)	Deddelible		ΨΟ,		
Fide	lity Bond - SUAFESB10736-1901 - Aggreg er Liability - SUA2394CYB-T-1901 - Aggreg	ate - \$	31,000	,000 Deductible \$7,500	may be a	ittached if more sp	bace is required)					
807	ton Office 7 Maryland Avenue ton, MO 63106											
<u></u>	TIFICATE HOLDED				CA115	TIL ATION						
CEF	TIFICATE HOLDER				CANC	ELLATION						
	Evidence of Insurance				THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIE F, NOTICE WILL B Y PROVISIONS.			D BEFORE	
					AUTHO	RIZED REPRESEN	NTATIVE					
	Í				Quille							



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_	DUCER				CONTACT Tina Hutter							
	ling Insurance Agency, LLC				PHONE	(516) 28		FAX				
	Fire Island Avenue				(A/C, No, Ext): (310) 200-0703 (A/C, No): E-MAIL ADDRESS: thutter@riallc.net							
100	The Island Avenue				ADDRE	33:						
Dob	don			NIV 44700	INSURER(S) AFFORDING COVERAGE NAIC: INSURER A . QBE Speciatly Insurance Company 11518							
Bab				NY 11702	INSURER A.							
INSU					INSURER B: Underwriters at Lloyd's London 15							
	Alliance Title Group, LLC				INSURE	R C :						
	636 Trade Center Boulevard				INSURE	RD:						
					INSURE	RE:						
	Chesterfield			MO 63005	INSURE	RF:						
COV	'ERAGES CER	TIFIC	ATE	NUMBER: CL192150948	4			REVISION NUMBER:				
IN CE	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PERT CLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI DLICIE	:NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTR. E POLIC	ACT OR OTHER IES DESCRIBEI CED BY PAID CL	R DOCUMENT V D HEREIN IS S _AIMS.	WITH RESPECT TO WHICH T	HIS			
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
Α								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	PRO-							PRODUCTS - COMP/OP AGG	\$			
								PRODUCTS - COMP/OF AGG	\$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$			
	ANY AUTO							(Ea accident) 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 OCCUB	-							-			
	- FYOTOG LIAD							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION							I PER I OTH-	\$			
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	Errors & Omission's							Each Claim	\$1,0	000,000		
Α	2			STA10498-00		02/15/2019	02/15/2020	Aggregate	\$2,0	000,000		
								Deductible	\$5,0	00		
Fide Cyb Fent 400	RIPTION OF OPERATIONS / LOCATIONS / VEHICL lity Bond - SUAFESB10736-1901 - Aggreg er Liability - SUA2394CYB-T-1901 - Aggreg on Office Old Smizer Mill on, MO 63026	ate - \$	1,000	,000 Deductible \$7,500	may be a	ittached if more sp	pace is required)					
<u></u>	TIFICATE LIGHTS					VEL 1 4510			—			
CEF	TIFICATE HOLDER				CANO	ELLATION						
	Evidence of Insurance				THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.) BEFORE		
					AUTHO	RIZED REPRESEN	NTATIVE					
	ı				Delle							



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PROI	DUCER				CONTACT Tina Hutter							
Rieb	oling Insurance Agency, LLC				PHONE (A/C, No	(516) 28	30-6759	FAX (A/C, No):				
100	Fire Island Avenue				E-MAIL ADDRESS: thutter@riallc.net							
					INSURER(S) AFFORDING COVERAGE							
Bab	ylon			NY 11702	INSURE	11515						
INSU	RED				INSURER B: Underwriters at Lloyd's London							
	Alliance Title Group, LLC				INSURER C:							
	636 Trade Center Boulevard				INSURER D:							
					INSURER E :							
	Chesterfield			MO 63005	INSURE	RF:						
CO	/ERAGES CER	TIFIC	ATE	NUMBER: CL192150948	6			REVISION NUMBER:				
IN CE	IIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUII ERTIFICATE MAY BE ISSUED OR MAY PERTA (CLUSIONS AND CONDITIONS OF SUCH PO	WITH RESPECT TO WHICH T	ΓHIS									
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
Α								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:							COMBINED SINGLE LIMIT	\$			
	AUTOMOBILE LIABILITY							(Ea accident)	\$			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							NOONEONIE	\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ť			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	Errors & Omission's							Each Claim	\$1,0	000,000		
Α	Enois a Simosismo			STA10498-00		02/15/2019	02/15/2020	Aggregate	\$2,0	000,000		
								Deductible	\$5,0	000		
l	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	-			may be a	ttached if more sp	ace is required)					
	·lity Bond - SUAFESB10736-1901 - Aggrega er Liability - SUA2394CYB-T-1901 - Aggrega		,									
Fest	tus Office											
348	Festus Centre Drive											
Fest	tus, MO 63028											
CEF	RTIFICATE HOLDER				CANC	ELLATION						
	Evidence of Insurance				THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVER Y PROVISIONS.		D BEFORE		
					AUTHO	RIZED REPRESEN	ITATIVE					



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	SUBROGATION IS WAIVED, subject to his certificate does not confer rights to						may require	an endorsement. A state	ement o	on	
<u>⊢</u>	DUCER				CONTACT Tina Hutter						
Rie	bling Insurance Agency, LLC				PHONE (A/C, No	(516) 28	30-6759	FAX (A/C No)			
100	Fire Island Avenue				I E-MAIL	thuttor@ri	allc.net	(A/C, No):			
					ADDRESS: INULE CHAIRCHEL INSURER(S) AFFORDING COVERAGE NAIC #						
Bab	ylon			NY 11702	INSURE	11515					
_	IRED				INSURE	15792					
	Alliance Title Group, LLC				INSURE						
	636 Trade Center Boulevard										
					INSURER D : INSURER E :						
	Chesterfield			MO 63005	INSURE						
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL192150948		IXI .		REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PERT	IREME AIN, T	NT, TE	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO WHICH T	HIS		
INSR	XCLUSIONS AND CONDITIONS OF SUCH PO	ADDL	SUBR		REDUC	POLICY EFF	POLICY EXP				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
								EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
A								MED EXP (Any one person)	\$		
l '`								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
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	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 \$							NOOKEONIE	\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	Errors & Omission's							Each Claim	\$1,0	000,000	
Α	Ellois & Ollissions			STA10498-00		02/15/2019	02/15/2020	Aggregate	\$2,0	000,000	
								Deductible	\$5,0	000	
Fide	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Blity Bond - SUAFESB10736-1901 - Aggreg Ber Liability - SUA2394CYB-T-1901 - Aggreg	ate - \$	1,000	,000 Deductible \$7,500	may be at	ttached if more sp	pace is required)				
251	nt Peters Office Salt Lick Road Peters, MO 63090										
<u></u>	TIFICATE UOLDED					CLI ATION					
GEI	Evidence of Insurance				SHO THE ACC	EXPIRATION D ORDANCE WIT	ATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		D BEFORE	
					AUTHORIZED REPRESENTATIVE						



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	DUCER		Joiner Highlic to				CONTACT Tina Hutter						
	bling Insurance Age	encv. LL	.C				PHONE (516) 290 6750 FAX						
	Fire Island Avenue	•					(A/C, No, Ext): (316) 280-0739 (A/C, No): E-MAIL ADDRESS: thutter@riallc.net						
							ADDRESS:						
Rah	ylon					NY 11702	INSURER(S) AFFORDING COVERAGE INSURER A: QBE Speciatly Insurance Company						
INSU	<u> </u>					141 11702		11515 15792					
INSU		Title C	Group, LLC				INSURE		iters at Lloyd's	London		13792	
			• •				INSURER C :						
	030 112	ide Cei	nter Boulevard				INSURER D :						
	Chasta	سات ساتا				MO 62005	INSURE	RE:					
	Cheste	meia				MO 63005	INSURE	RF:		DEV//010111111111111111111111111111111111			
	VERAGES	TI I A T T				NUMBER: CL192150949		TO THE INCHE		REVISION NUMBER:	100		
						E LISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY							
						SURANCE AFFORDED BY THE							
		ONDITIO	ONS OF SUCH PC		S. LIM	IITS SHOWN MAY HAVE BEEN	REDUC	ED BY PAID CL	_AIMS. POLICY EXP	T			
INSR LTR		F INSUR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL	GENERA	L LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-M	IADE	OCCUR							PREMISES (Ea occurrence)	\$		
										MED EXP (Any one person)	\$		
Α										PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE		PLIES PER:							GENERAL AGGREGATE	\$		
	POLICY	PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:										\$		
	AUTOMOBILE LIABII	LITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO									BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
											\$		
	UMBRELLA LIA	В	OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$		
		TENTIO	N \$								\$		
	WORKERS COMPENS AND EMPLOYERS' LI		Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PA OFFICER/MEMBER E		EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under	AOLODL	ь. Ш							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OP	ERATIO	NS below							E.L. DISEASE - POLICY LIMIT	\$		
	Errors & Omissio	n's								Each Claim		00,000	
Α						STA10498-00		02/15/2019	02/15/2020	Aggregate		00,000	
										Deductible	\$5,0	000	
Fide	elity Bond - SUAFE	SB1073	36-1901 - Aggrega	ate - \$	1,000	01, Additional Remarks Schedule, ,000 Deductible \$7,500 000 Deductible \$2,500	may be a	ttached if more sp	pace is required)				
120	shington Office 1 Jefferson, Ste 20 shington, MO 63090												
CEI	RTIFICATE HOLD	ER					CANC	ELLATION					
	Eviden	ce of In	surance				THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.) BEFORE	
							AUTHO	RIZED REPRESEN	NTATIVE				
	ı						Quille						



DATE (MM/DD/YYYY) 02/15/2019

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.

	SUBROGATION IS WAIVED, subject to his certificate does not confer rights to				•	•	may require	an endorsement. A stat	ement (on	
_	DUCER				CONTACT Tina Hutter						
Rie	bling Insurance Agency, LLC				PHONE (A/C, No, Ext): (516) 280-6759 (A/C, No):						
100	Fire Island Avenue				E-MAIL ADDRES	thuttor@ri	allc.net	(A/C, NO):			
					INSURER(S) AFFORDING COVERAGE NAIC #						
Bab	ylon			NY 11702	INSURE	11515					
INSU	•				INSURE	15792					
	Alliance Title Group, LLC				INSURER C:						
	636 Trade Center Boulevard										
					INSURER D : INSURER E :						
	Chesterfield			MO 63005	INSURE						
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL192150949				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT.	REME AIN, T	NT, TE	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO WHICH T	HIS		
INSR	XCLUSIONS AND CONDITIONS OF SUCH PO		S. LIM SUBR		REDUC	ED BY PAID CL	_AIMS. POLICY EXP	T			
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADEOCCUR							PREMISES (Ea occurrence)	\$		
١,								MED EXP (Any one person)	\$		
A								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR										
	EXCECCIAR OCCOR							EACH OCCURRENCE	\$		
	CLAIWS-WADE	-						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY Y/N							· ' '			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT Each Claim	\$ \$1.0	000,000	
A	Errors & Omission's			STA10498-00		02/15/2019	02/15/2020	Aggregate		00,000	
``						02/10/2010	02/10/2020	Deductible	\$5,0		
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A(ORD 1	01. Additional Remarks Schedule.	may be a	ttached if more sr	pace is required)		4-,-		
Fide	elity Bond - SUAFESB10736-1901 - Aggrega er Liability - SUA2394CYB-T-1901 - Aggreg	ate - \$	1,000	,000 Deductible \$7,500			,				
190	ntzville Office 5 Wentzville Pkwy ntzville, MO 63385										
<u>_</u>					0						
CEI	RTIFICATE HOLDER			1	CANC	ELLATION					
	Evidence of Insurance				THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		D BEFORE	
					AUTHO	RIZED REPRESEN	NTATIVE		·		
	1				Quile						



DATE (MM/DD/YYYY) 02/14/2019

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 confor rights to the certificate holder in liquid found and properties.

l "i	is certificate does not confer rights to			cate holder in lieu of such			may require	an endorsement. A stat	Sillelit (J11		
PRO	DUCER				CONTACT Tina Hutter							
Rie	oling Insurance Agency, LLC				PHONE (A/C, No, Ext): (516) 280-6761 FAX (A/C, No):							
100	Fire Island Avenue				E-MAIL ADDRES	thuttor@ri	allc.net	(A/C, NO).				
					ADDRES		SURER(S) AFFOR	RDING COVERAGE		NAIC#		
Bab	ylon			NY 11702	INCLIDE	ODE Co.	eciatly Insuran			11515		
	RED				INSURER A.							
	Alliance Title Group, LLC				INSURER B:							
	636 Trade Center Boulevard				INSURER C: INSURER D:							
					INSURER E :							
	Chesterfield			MO 63005								
		TIFIC	ΔTF	NUMBER: CL192140947	INSURE 4	KF:		REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES OF			TOILBEIT.		TO THE INSUE			IOD			
	DICATED. NOTWITHSTANDING ANY REQUI											
	ERTIFICATE MAY BE ISSUED OR MAY PERT							UBJECT TO ALL THE TERMS	,			
INSR	XCLUSIONS AND CONDITIONS OF SUCH PC	ADDL	SUBR		REDUC	POLICY EFF	POLICY EXP					
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT				
								EACH OCCURRENCE DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
١,								MED EXP (Any one person)	\$			
A								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:							COMBINED SINGLE LIMIT	\$			
	AUTOMOBILE LIABILITY							(Ea accident)	\$			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	4						AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$			
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
١,	Errors & Omission's			07440400 00		00/45/0040	00/45/0000	Each Claim		00,000		
A				STA10498-00		02/15/2019	02/15/2020	Aggregate		00,000		
		L						Deductible	\$5,0	100		
l	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	-			may be at	ttached if more sp	pace is required)					
Fia	elity Bond - SUAFESB10736-1901 - Aggrega	ate - \$	1,000,	,000 Deductible \$7,500								
Cyt	er Liability - SUA2394CYB-T-1901 - Aggreg	ate \$1	,000,0	000 Deductible \$2,500								
CE	RTIFICATE HOLDER				CANC	ELLATION						
	Evidence of Insurance				THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		D BEFORE		
					AUTHO	RIZED REPRESEN	NTATIVE					
								•				
								10000				