ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

					8/3	30/2017	
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 ADDITIONA	L INSURED, the policy						
the terms and conditions of the policy, certain policies r certificate holder in lieu of such endorsement(s).	nay require an endorse	ement. A sta	tement on th	is certificate does not	conter r	ignts to the	
PRODUCER	CONTA NAME:	ASIICOII	-				
American Insurance Professionals, LLC	PHONE (A/C, N	e _{o, Ext):} (602)	424-3351		:(602)4	24-3353	
4545 E. Shea Blvd.	E-MAIL ADDRE	ss: adooley	@aminspro	o.com			
Suite 130						NAIC #	
Phoenix AZ 85028			one Speci	alty Insurance		44776	
Paul Maisano Designs, Inc.	INSURI						
6770 Berwick Drive	INSURI						
	INSURI						
Clarkston MI 48346	INSURI						
COVERAGES CERTIFICATE NUMB	ER:2017 - 2018			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS S	I OR CONDITION OF AN URANCE AFFORDED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPI	ЕСТ ТО	WHICH THIS	
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
A X CLAIMS-MADE OCCUR	1703.01	9/2/2017	9/2/2018	PREMISES (Ea occurrence)	\$		
X Errors & Omissions Z85418: X Retro date 9/2/2003 285418:	I/UAPL	9/2/2017	9/2/2018	MED EXP (Any one person) PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	1,000,000	
				PRODUCTS - COMP/OP AGG	-		
OTHER:				DEDUCTIBLE	\$	5,000	
				COMBINED SINGLE LIMIT (Ea accident)	\$		
				BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED				BODILY INJURY (Per accident			
HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
					\$		
EXCESS LIAB CLAIMS-MADE				EACH OCCURRENCE	\$		
DED RETENTION \$					\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER OTH- STATUTE ER			
AND ENFLOTER LABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N/A				E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EMPLOYE	E \$		
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Addi The insurance afforded by this policy app						de of	
professional services for others for a fe	_	-	cts IU CL	re manted s peri	.orman	CE OI	
CERTIFICATE HOLDER	CAN	CELLATION					
Altisource Portfolio Solutions 1661 Worthington Road	THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Suite 100 West Palm Beach, FL 33409	AUTHO	AUTHORIZED REPRESENTATIVE					
	Nanc	y Walker/	ASHTON	nancyt	w	epa	
		© 1988-2014 ACORD CORPORATION. All rights reserved.					

ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

					8/3	30/2017
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION OF CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEN BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTI	ND, EXTE TUTE A (ND OR ALT	ER THE CO	VERAGE AFFORDED	BY THE	E POLICIES
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to						
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must 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	CONTA NAME:	ASIICOII	-			
American Insurance Professionals, LLC	PHONE (A/C, N	o, Ext): (602))424-3351	FAX (A/C, No)	(602)4	24-3353
4545 E. Shea Blvd.			@aminspro			
Suite 130 Phoenix AZ 85028						NAIC #
INSURED	INSURE		one speci	alty Insurance		44776
Paul Maisano Designs, Inc.	INSURE					
6770 Berwick Drive	INSURE	RD:				
	INSURE	RE:				
Clarkston MI 48346 COVERAGES CERTIFICATE NUMBER:2017 -	1NSURE	RF:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW		N ISSUED TO		REVISION NUMBER:	HE POL	ICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFO EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY H	RDED BY	THE POLICIE REDUCED BY	S DESCRIBEI PAID CLAIMS	D HEREIN IS SUBJECT 1		
INSR LTR TYPE OF INSURANCE ADDL SUBR VVD POLICY NUMBE	R	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	тѕ	
				EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
A X CLAIMS-MADE OCCUR X Errors & Omissions Z85418170APL		9/2/2017	9/2/2018	PREMISES (Ea occurrence)	\$	
X Errors & Omissions Z85418170APL X Retro date 9/2/2003		3/2/2027	37272010	MED EXP (Any one person) PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	1,000,000
X POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	-	
OTHER:				DEDUCTIBLE COMBINED SINGLE LIMIT	\$	5,000
				(Ea accident) BODILY INJURY (Per person)	\$	
ANY AUTO ALL OWNED SCHEDULED				BODILY INJURY (Per accident		
AUTOS AUTOS NON-OWNED HIRED AUTOS AUTOS				PROPERTY DAMAGE (Per accident)	\$	
					\$	
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	
DED RETENTION \$ WORKERS COMPENSATION				PER OTH- STATUTE ER	\$	
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYE	E\$	
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sc	hedule, may	be attached if mo	ore space is requi	red)		
The insurance afforded by this policy applies sole	ly to w	rongful a			orman	ce of
professional services for others for a fee as abstr	ract/se	archer				
	CAN	CELLATION				
Evidence of Insurance Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERI ACCORDANCE WITH THE POLICY PROVISIONS.					
	AUTHORIZED REPRESENTATIVE					
	Nanc	y Walker/	ASHTON	Range L.	uh	epa
		© 19	88-2014 AC	ORD CORPORATION.		

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ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

<u> </u>							8/3	30/2017
THIS CERTIFICATE IS ISSUED AS A								
CERTIFICATE DOES NOT AFFIRMAT								
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 be endorsed. If SUBROGATION IS WAIVED, subject to								
IMPORTANT: If the certificate holder the terms and conditions of the policy								
certificate holder in lieu of such endo			ndorsement.	A Sla	tement on th	is certificate does not	comer r	ignts to the
PRODUCER	Sement		CONTACT Ast	ton	Dooley			
American Insurance Professio	nale	ПС	NAME: ASI PHONE (A/C, No, Ext): (-	FAX	(602)4	24-2252
American insurance professio 4545 E. Shea Blvd.	nats,		ADDRESS: add	002	//21-3331 /@amincom	(A/C, No)	(602)4	27-3333
			ADDRESS: AUC					
Suite 130					. /			NAIC #
	028		INSURER A :St	arst	one Speci	alty Insurance		44776
INSURED			INSURER B :					
Paul Maisano Designs, Inc.			INSURER C :					
6770 Berwick Drive			INSURER D :					
			INSURER E :					
	346		INSURER F :					
COVERAGES CEF	RTIFICA	TE NUMBER:2017 - 202	18			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES								
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY								
EXCLUSIONS AND CONDITIONS OF SUCH	POLICIE	ES. LIMITS SHOWN MAY HAVE	BEEN REDUCI	ED BY	PAID CLAIMS		J //LL	
INSR LTR TYPE OF INSURANCE	ADDL SU	JBR VD POLICY NUMBER	POLIC (MM/DD	Y EFF	POLICY EXP (MM/DD/YYYY)	LIM	тѕ	
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
X Errors & Omissions		Z85418170APL	9/2/2	2017	9/2/2018	MED EXP (Any one person)	\$	
			57 = 7		27 27 2020			
X Retro date 9/2/2003						PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	1,000,000
X POLICY JECT LOC						PRODUCTS - COMP/OP AGG	-	=
OTHER:						DEDUCTIBLE COMBINED SINGLE LIMIT	\$	5,000
						(Ea accident)	\$	
						BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)\$	
HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
DED RETENTION \$							\$	
WORKERS COMPENSATION						PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	ו ור					E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. DISEASE - EA EMPLOYE	-	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
DESCRIPTION OF OPERATIONS DEIOW							Ψ	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI		ORD 101 Additional Pamarka Sabad	lle may be attack	ad if ma	re space is requi	(red)		
The insurance afforded by th							orman	ce of
professional services for ot	-		-			Por		
CERTIFICATE HOLDER			CANCELLA	TION				
						ESCRIBED POLICIES BE		
Lender Processing Services 3220 El Camino Real Irvine, CA 92602						EREOF, NOTICE WILL	BE DE	LIVERED IN
			ACCORDAN					
			AUTHORIZED REPRESENTATIVE					
							-	
Nancy Walker/ASHTON				uh	epa			
			wancy wal					
				A 40	00 7044 40	ORD CORPORATION.		

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