

# CERTIFICATE OF INSURANCE

Date (MM/DD/YY)

12/17/2004

<b>PRODUCER</b> AON RISK SERVICES, INC. OF NY 199 WATER STREET NEW YORK, NY 10038 TEL: (212) 479-3637 FAX: (866) 467-7847	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>COMPANIES AFFORDING COVERAGE</b>	
COMPANY A	
COMPANY B ST PAUL SURPLUS LINES INS CO	
COMPANY C	
COMPANY D	
COMPANY E	
COMPANY F	

**INSURED** Cert. No: 796  
 CENDANT CORPORATION  
 NRT INCORPORATED/NRT SETTLEMENT SERVICES  
 1 CAMPUS DRIVE, 3RD FLOOR  
 PARSIPPANY, NJ 07054

**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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> <b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> FLOOD <input type="checkbox"/> ALL RISK <input type="checkbox"/> BUILDER'S RISK				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG / PP <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> BLDG / PP / BI	
	<input type="checkbox"/> <b>INLAND MARINE</b> TYPE OF POLICY CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> OTHER					
	<input type="checkbox"/> <b>CRIME</b> TYPE OF POLICY					
	<input type="checkbox"/> <b>BOILER / MACHINERY</b>					
B	<input checked="" type="checkbox"/> <b>OTHER MISC E &amp; O</b>	MU00600007	12/17/2004	12/17/2005	LIMIT	5,000,000

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY**

**SPECIAL CONDITIONS / OTHER COVERAGES**  
 ABOVE COVERAGE APPLIES TO REAL ESTATE AGENTS, ABSTRACTORS & ESCROW AGENTS, COLDWELL BANKER BURNET AND ALL BRANCH OFFICES OF BURNET TITLE ARE LISTED AS NAMED INSUREDS ON THE ABOVE POLICY.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
FOR INFORMATION PURPOSES ONLY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE 