

MEMBER CERTIFICATE

CERTIFICATE NUMBER: 10272

DATE: 08/01/2025

THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH THE FOLLOWING:

MASTER POLICY NUMBER: **S0350GL000002-00**

FIRST NAMED INSURED (MASTER POLICY HOLDER): The Real Estate Services Purchasing Association

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THE MASTER POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.

NAMED INSURED (CERTIFICATE HOLDER)

Name and Mailing Address (No., Street, Town or City, County, State, Zip Code):

COMPANY NAME: Old Newport Realty

COMPANY ADDRESS: 1922 PLACENTIA AVENUE Unit 1 Costa Mesa, CA 92627

Please refer to the confirmed monthly reports for the list of insured locations.

Effective Date: 08/01/2025

at 12:01 a.m. Standard Time at your mailing address shown above.

Expiration Date: 08/01/2026

at 12:01 a.m. Standard Time at your mailing address shown above.

This replaces prior Member Certificate dated:

Plan Administered By

Fortress Intermediaries LLC, DBA Citadel Insurance

2600 W Executive Parkway, Suite 500

Lehi, UT 84043

Contact Information

Name: David Holt

Phone: 800-975-0562

Email: Daveholt@surevestor.com

Insurer

Accelerant Specialty Insurance Company

400 Northridge Road, Suite 800

Sandy Springs, Georgia 30350

Producer Name And Mailing Address

Fortress Intermediaries LLC, DBA Citadel Insurance

2600 W Executive Parkway, Suite 500

Lehi, UT 84043

(877) 247-4468 (Toll Free)

To Report A Claim

By Phone:

By Fax:

By E-mail:

To File a

Claim:

Go to www.Surevestor.com

Form Of Business, Location Of Premises, Operations

Form Of Business: Individual Partnership Joint Venture Limited Liability Company
 Organization, including a corporation (Other than partnership, joint venture or limited liability company) - **Per Reporter on File**

Premises And Operations

Location No.	Address	Operations
Per Reporter on File		

Limits Of Insurance

Commercial General Liability

General Aggregate:	\$2,000,000	
Products/Completed Operations Aggregate:	\$2,000,000	
Personal And Advertising Injury:	\$1,000,000	Any One Person Or Organization
Each Occurrence:	\$1,000,000	
Damage To Premises Rented To You:	\$100,000	Any One Premises
Medical Expense:	\$2,500	Any One Person

Other Liability Coverages

Per Reporter on File

Endorsements

Forms and endorsements applying to this Member Certificate and made part of this policy at time of issue:

Per Reporter on File

This Member Certificate, together with the Coverage Form and any Endorsement(s) attached to the Master Policy, complete the above numbered certificate. Coverage is subject to all terms, conditions, limitations, exclusions, and other provisions contained therein.

Member Certificate Annual Premium

Commercial General Liability Premium \$ **Per Monthly Report**

Taxes and Surcharges \$ **Per Monthly Report**

Total \$ Per Monthly Report

To review the Master Policy:

Countersigned: 08/01/2025
Date

By: 
AUTHORIZED REPRESENTATIVE