

## CERTIFICATE OF LIABILITY INSURANCE

ANAVASQUEZ

**THEREAL-03** 

7/11/2023

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).

th	is certificate does not confer rights to	the	cert	ificate holder in lieu of su							
PRODUCER NFP Property & Casualty Services, Inc.						CONTACT NAME:					
						PHONE (A/C, No, Ext): (516) 327-2700 FAX (A/C, No):					
45 Executive Drive Plainview, NY 11803					E-MAIL ADDRE	ss:		( ( ) ( ) ( )			
	,				ADDILL		SURFR(S) AFFOR	RDING COVERAGE		NAIC#	
					INCLIDE			ce Company		35378	
INSURED						INSURER B:					
The Real Brokerage Inc						INSURER C:					
	477 Madison Ave										
	Suite 636				INSURER D :						
New York, NY 10022						INSURER E :					
					INSURER F:						
		E NUMBER:				REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT 1	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	ΓS		
	COMMERCIAL GENERAL LIABILITY					······	\ <u></u>	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							PRODUCTS - COMP/OF AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS										
	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)			
	UMBRELLA LIAB OCCUR							EAGU GOOLIDDENGE	\$		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
	DED RETENTION \$							AGGREGATE	\$		
								PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N							STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If ves. describe under							E.L. DISEASE - EA EMPLOYEE			
Α	DÉSCRIPTION OF OPERATIONS below <b>E&amp;O/Professional Lia</b>			MKLV3PEO004147		3/4/2023	3/4/2024	E.L. DISEASE - POLICY LIMIT	\$	2,000,000	
^						o, 112020	0, 112021			2,000,000	
Cove REA Mail	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE PROBLEM	.a Me	sa C	A 91942		e attached if mor	re space is requi	red)	1		
CERTIFICATE HOLDER						CANCELLATION					
CERTIFICATE HOLDER						ORIVELLA HOR					
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					