

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/23/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br><b>USI Insurance Services, LLC</b><br><b>Lic # OG11911</b><br><b>10940 White Rock Rd 2nd Fl</b><br><b>Rancho Cordova, CA 95670</b> | <b>CONTACT NAME:</b> Alicia Montore<br><b>PHONE (A/C, No, Ext):</b> 916 589-8000 <b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> alicia.montore@usi.com                                                                                                                                                                                                                                                                                                                                                                                                              |                               |  |        |                                              |  |              |                                                            |  |               |                    |  |  |                    |  |  |                    |  |  |                    |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|--------|----------------------------------------------|--|--------------|------------------------------------------------------------|--|---------------|--------------------|--|--|--------------------|--|--|--------------------|--|--|--------------------|--|--|
| <b>INSURED</b><br><b>Select Real Estate of Nevada, Inc.</b><br><b>437 Century Park Drive</b><br><b>Yuba City, CA 95991</b>                            | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td colspan="2"><b>INSURER A : Federal Insurance Company</b></td><td><b>20281</b></td></tr> <tr> <td colspan="2"><b>INSURER B : Hanover Atlantic Insurance Company, Ltd</b></td><td><b>NONAIC</b></td></tr> <tr> <td colspan="2"><b>INSURER C :</b></td><td></td></tr> <tr> <td colspan="2"><b>INSURER D :</b></td><td></td></tr> <tr> <td colspan="2"><b>INSURER E :</b></td><td></td></tr> <tr> <td colspan="2"><b>INSURER F :</b></td><td></td></tr> </table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | <b>INSURER A : Federal Insurance Company</b> |  | <b>20281</b> | <b>INSURER B : Hanover Atlantic Insurance Company, Ltd</b> |  | <b>NONAIC</b> | <b>INSURER C :</b> |  |  | <b>INSURER D :</b> |  |  | <b>INSURER E :</b> |  |  | <b>INSURER F :</b> |  |  |
| INSURER(S) AFFORDING COVERAGE                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAIC #                        |  |        |                                              |  |              |                                                            |  |               |                    |  |  |                    |  |  |                    |  |  |                    |  |  |
| <b>INSURER A : Federal Insurance Company</b>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>20281</b>                  |  |        |                                              |  |              |                                                            |  |               |                    |  |  |                    |  |  |                    |  |  |                    |  |  |
| <b>INSURER B : Hanover Atlantic Insurance Company, Ltd</b>                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>NONAIC</b>                 |  |        |                                              |  |              |                                                            |  |               |                    |  |  |                    |  |  |                    |  |  |                    |  |  |
| <b>INSURER C :</b>                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |  |        |                                              |  |              |                                                            |  |               |                    |  |  |                    |  |  |                    |  |  |                    |  |  |
| <b>INSURER D :</b>                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |  |        |                                              |  |              |                                                            |  |               |                    |  |  |                    |  |  |                    |  |  |                    |  |  |
| <b>INSURER E :</b>                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |  |        |                                              |  |              |                                                            |  |               |                    |  |  |                    |  |  |                    |  |  |                    |  |  |
| <b>INSURER F :</b>                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |  |        |                                              |  |              |                                                            |  |               |                    |  |  |                    |  |  |                    |  |  |                    |  |  |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

| INSR LTR | TYPE OF INSURANCE                                                                                                            | ADDL INSR | SUBR WVD | POLICY NUMBER       | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|----------|------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| <b>A</b> | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>                                                      |           |          | <b>36063699PLE</b>  | <b>05/01/2025</b>       | <b>05/01/2026</b>       | EACH OCCURRENCE <b>\$1,000,000</b>                                   |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                               |           |          |                     |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$1,000,000</b>         |
|          |                                                                                                                              |           |          |                     |                         |                         | MED EXP (Any one person) <b>\$10,000</b>                             |
|          |                                                                                                                              |           |          |                     |                         |                         | PERSONAL & ADV INJURY <b>\$1,000,000</b>                             |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                                           |           |          |                     |                         |                         | GENERAL AGGREGATE <b>\$2,000,000</b>                                 |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC                               |           |          |                     |                         |                         | PRODUCTS - COMP/OP AGG <b>\$2,000,000</b>                            |
|          | OTHER:                                                                                                                       |           |          |                     |                         |                         | \$                                                                   |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                                                  |           |          |                     |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                               |
|          | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS                                                   |           |          |                     |                         |                         | BODILY INJURY (Per person) \$                                        |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                      |           |          |                     |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          | <b>UMBRELLA LIAB</b>                                                                                                         |           |          |                     |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE                                                          |           |          |                     |                         |                         | \$                                                                   |
|          | <b>EXCESS LIAB</b>                                                                                                           |           |          |                     |                         |                         | EACH OCCURRENCE \$                                                   |
|          | DED <input type="checkbox"/> RETENTION \$                                                                                    |           |          |                     |                         |                         | AGGREGATE \$                                                         |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                                                         |           |          |                     |                         |                         | \$                                                                   |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N |           |          |                     |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below                                                     |           |          |                     |                         |                         | E.L. EACH ACCIDENT \$                                                |
|          |                                                                                                                              |           |          |                     |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                        |
|          |                                                                                                                              |           |          |                     |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |
|          |                                                                                                                              |           |          |                     |                         |                         |                                                                      |
| <b>B</b> | <b>Cyber Liability</b>                                                                                                       |           |          | <b>L3FJ44508902</b> | <b>05/01/2025</b>       | <b>05/01/2026</b>       | <b>\$1,000,000 Claim/Aggreg</b><br><b>\$10,000 Retention</b>         |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder only when there is a written contract that requires such status.

Certificate holder name reads: Coldwell Banker Real Estate LLC, Anywhere Real Estate, Inc., and their (See Attached Descriptions)

**CERTIFICATE HOLDER****CANCELLATION**

**Coldwell Banker Real Estate LLC**  
**Anywhere Real Estate, Inc.**  
**c/o InsureTrack**  
**PO Box 60840**  
**Las Vegas, NV 89160**

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

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## DESCRIPTIONS (Continued from Page 1)

subsidiaries, successors, and assigns.

Additional Named Insureds reads as follows: Crested Butte Realty Futures, LLC; Vail Realty Futures, LLC; Summit Realty Futures, LLC, Coldwell Mountain Properties, Coldwell Banker Mountain Properties, Inc., Coldwell Banker Select Real Estate, Inc., and Jacuzzi Enterprises, Inc.

Additional Insured reads: Coldwell Banker Real Estate LLC, Anywhere Real Estate, Inc., and their subsidiaries, successors and assigns.

Address for Additional Insured: 175 Park Avenue, Madison, New Jersey 07940

Schedule of Locations:

123 W. Second St., Carson City, NV 89703

430 3rd Street Davis, CA 95616

175 Hwy 50 E Dayton NV 89403

330 E. Main St., Fernley NV 89408

931 Tahoe Blvd., Incline Village NV 89451

899 Tahoe Blvd., Ste 200, Incline Village, NV 89451

8437 North Lake Boulevard, Kings Beach, CA 96143

1674 Hwy 395 N, Minden NV 89423

1170 South Rock Blvd., Ste B, Reno NV 89502

3141 US Hwy 50 Ste. A, South Lake Tahoe, CA 96150

4000 Lake Tahoe Blvd #28, South Lake Tahoe, CA 96150

430 3rd Street, Woodland, CA 95695

188 Hwy 50 / PO BOX 10. Zephyr Cove, NV 89448

187 Sonoma St., Suite B, Carson City, NV 89701

501/502 2nd Street, Davis, CA 95616

505 2nd Street, Davis, CA 95616

2196 Lake Tahoe Blvd., South Lake Tahoe, CA 96150

78491 US Hwy 40, Winter Park, CO 80482

137 South Main St., Breckenridge, CO 80424

400 Main Street, Frisco CO 80443

215 Elk Ave., Crested Butte, CO 81224

1160 Alpine Lane, Suite 1 F, Jackson, WY 83001

2111 N. Frontage Road #C1, Vail, CO 81657

3168 Collins Dr. #B, Merced, CA 95348

18180 Wedge Parkway Ste. 1, Reno, NV 89511

189 N Main St., Suite 100, Driggs, ID 83422

221 W. Main Street, Woodland, CA 95695

514 E. Hyman Avenue, Aspen, CO 81611

290 Highway 133, Carbondale, CO 81623

1614 Grand Avenue, Glenwood Springs, CO, 81601

306 Redstone Blvd, Redstone, Co, 81623

727 East Valley Road, Basalt, CO 81621

25 Lower Woodridge, Ste. G, Snowmass Village, CO, 81615

625 E. Main St. Aspen, CO 81611

33313 1st Way South, Federal Way, WA 98003

11300 Pinehurst Way NE, Seattle, WA 98125

122 SW 156th St, Seattle, WA 98166

1031 SE Everett Mall Way, Ste. 100, Everett, WA 98208

3380 146th Place SE #300, Bellevue, WA 98007

2120 Churn Creek Rd, Redding, CA 96002

2155 Larkspur Lane, Redding, CA 96002

741 Main Street, Red Bluff, CA 96080

1802 Foundation Lane #125, 200 & 225, Chico, CA 95928

**Who Is An Insured**  
(continued)**Volunteers**

Persons who are volunteer workers for you are **insureds**; but they are **insureds** only for acts within the scope of their activities for you and at your direction.

**Real Estate Managers**

Persons (other than your **employees**) or organizations acting as your real estate managers are **insureds**; but they are **insureds** only with respect to their duties as your real estate managers.

**Permissive Users Of  
Mobile Equipment**

With respect to **mobile equipment** registered in your name under a motor vehicle registration law:

- A. persons driving such equipment on a public road with your permission are **insureds**; and
- B. persons or organizations responsible for the conduct of such persons described in subparagraph A. above are **insureds**; but they are **insureds** only with respect to the operation of the equipment and only if no other insurance of any kind is available to them.

However, no person or organization is an **insured** with respect to:

- **bodily injury** to any co-**employee** of the person driving the equipment; or
- **property damage** to any property owned or occupied by or loaned or rented to you, or in your charge or the charge of the employer of any person who is an **insured** under this provision.

**Vendors**

Persons or organizations who are vendors of **your products** are **insureds**; but they are **insureds** only with respect to their liability for damages for **bodily injury** or **property damage** resulting from the distribution or sale of **your products** in the regular course of their business and only if this insurance applies to the **products-completed operations hazard**.

However, no such person or organization is an **insured** with respect to any:

- assumption of liability by them in a contract or agreement. This limitation does not apply to the liability for damages for **bodily injury** or **property damage** that such vendor would have in the absence of such contract or agreement;
- representation or warranty unauthorized by you;
- physical or chemical change in **your products** made intentionally by the vendor;
- repackaging, unless unpacked solely for the purpose of inspection, demonstration or testing, or the substitution of parts under instruction from the manufacturer and then repacked in the original container;
- failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business in connection with the distribution or sale of **your products**;
- demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of **your products**; or
- of **your products** which, after distribution or sale by you, have been labeled or relabeled or used as a container, ingredient or part of any other thing or substance by or for the vendor.

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## Who Is An Insured

### Vendors (continued)

Further, no person or organization from whom you have acquired **your products**, or any container, ingredient or part entering into, accompanying or containing **your products**, is an **insured** under this provision.

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### Lessors Of Equipment

Persons or organizations from whom you lease equipment are **insureds**; but they are **insureds** only with respect to the maintenance or use by you of such equipment and only if you are contractually obligated to provide them with such insurance as is afforded by this contract.

However, no such person or organization is an **insured** with respect to any:

- damages arising out of their sole negligence; or
- **occurrence** that occurs, or offense that is committed, after the equipment lease ends.

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### Lessors Of Premises

Persons or organizations from whom you lease premises are **insureds**; but they are **insureds** only with respect to the ownership, maintenance or use of that particular part of such premises leased to you and only if you are contractually obligated to provide them with such insurance as is afforded by this contract.

However, no such person or organization is an **insured** with respect to any:

- damages arising out of their sole negligence;
- **occurrence** that occurs, or offense that is committed, after you cease to be a tenant in the premises; or
- structural alteration, new construction or demolition operations performed by or on behalf of them.

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### Subsidiary Or Newly Acquired Or Formed Organizations

If there is no other insurance available, the following organizations will qualify as named **insureds**:

- a subsidiary organization of the first named **insured** shown in the Declarations of which, at the beginning of the policy period and at the time of loss, such first named **insured** controls, either directly or indirectly, more than fifty (50) percent of the interests entitled to vote generally in the election of the governing body of such organization; or
- a subsidiary organization of the first named **insured** shown in the Declarations that such first named **insured** acquires or forms during the policy period, if at the time of loss such first named **insured** controls, either directly or indirectly, more than fifty (50) percent of the interests entitled to vote generally in the election of the governing body of such organization.

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### Limitations On Who Is An Insured

- A. Except to the extent provided under the Subsidiary Or Newly Acquired Or Formed Organizations provision above, no person or organization is an **insured** with respect to the conduct of any person or organization that is not shown as a named **insured** in the Declarations.
- B. No person or organization is an **insured** with respect to the:
1. ownership, maintenance or use of any assets; or
  2. conduct of any person or organization whose assets, business or organization;

## Who Is An Insured

### Limitations On Who Is An Insured

(continued)

you acquire, either directly or indirectly, for any:

- **bodily injury** or **property damage** that occurred; or
- **advertising injury** or **personal injury** arising out of an offense first committed; in whole or in part, before you, directly or indirectly, acquired such assets, business or organization.

## Limits Of Insurance

The Limits Of Insurance shown in the Declarations and the rules below fix the most we will pay, regardless of the number of:

- **insureds;**
- claims made or **suits** brought; or
- persons or organizations making claims or bringing **suits**.

The Limits Of Insurance apply separately to each consecutive annual period and to any remaining period of less than twelve (12) months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than twelve (12) months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits Of Insurance.

### General Aggregate Limit

Subject to the Each Occurrence Limit, the General Aggregate Limit is the most we will pay for the sum of:

- damages for **bodily injury** and **property damage**, except damages included in the **products-completed operations hazard**; and
- **medical expenses**.

### Products-Completed Operations Aggregate Limit

Subject to the Each Occurrence Limit, the Products-Completed Operations Aggregate Limit is the most we will pay for the sum of damages for **bodily injury** and **property damage** included in the **products-completed operations hazard**.

### Advertising Injury And Personal Injury Aggregate Limit

The Advertising Injury And Personal Injury Aggregate Limit is the most we will pay for the sum of damages for **advertising injury** and **personal injury**.

## Each Occurrence Limit

The Each Occurrence Limit is the most we will pay for the sum of:

- damages for **bodily injury** and **property damage**; and
- **medical expenses**;

arising out of any one **occurrence**.

Any amount paid for damages or **medical expenses** will reduce the amount of the applicable aggregate limit available for any other payment.