

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE  
7/6/2010

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| <b>PRODUCER</b><br><br>Lockton Insurance Brokers, Inc.<br>Two Embarcadero Center, Suite 1700<br>San Francisco, CA 94111<br>License No. 0714705 | 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>INSURERS AFFORDING COVERAGE</b>  |
| <b>INSURED</b><br><br>Foreclosure Resources<br>8885 Rio San Diego DR. Ste 135<br>San Diego CA 92108  | INSURER A: <b>Endurance American Specialty Insurance Co.</b>  |
|  | INSURER B:  |
|  | INSURER C:  |
|  | INSURER D:  |
|  | INSURER E:  |

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | POLICY NUMBER  | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |
|----------|---|----------------|----------------------------------|-----------------------------------|---|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><input type="checkbox"/><br><input type="checkbox"/><br>GEN'L AGGREGATE LIMIT APPLIES PER<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                |                                  |                                   | EACH OCCURRENCE \$ XXXXX<br>FIRE DAMAGE (Any one fire) \$ XXXXX<br>MED EXP (Any one person) \$ XXXXX<br>PERSONAL & ADV INJURY \$ XXXXX<br>GENERAL AGGREGATE \$ XXXXX<br>PRODUCTS - COMP/OP AGG \$ XXXXX<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |                |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident) \$ XXXXX<br>BODILY INJURY (Per person) \$ XXXXX<br>BODILY INJURY (Per accident) \$ XXXXX<br>PROPERTY DAMAGE (Per accident) \$ XXXXX                                       |
|          | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO  |                |                                  |                                   | AUTO ONLY - EA ACCIDENT \$ XXXXX<br>OTHER THAN EA ACC \$ XXXXX<br>AUTO ONLY: AGG \$ XXXXX   |
|          | <b>EXCESS LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/><br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$  |                |                                  |                                   | EACH OCCURRENCE \$ XXXXX<br>AGGREGATE \$ XXXXX<br>\$ XXXXX<br>\$ XXXXX<br>\$ XXXXX  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |                |                                  |                                   | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER \$ XXXXX<br>E.L. EACH ACCIDENT \$ XXXXX<br>E.L. DISEASE - EA EMPLOYEE \$ XXXXX<br>E.L. DISEASE - POLICY LIMIT \$ XXXXX          |
| A        | <b>OTHER</b><br>Errors & Omissions  | PPL10002188800 | 6/30/2010                        | 6/30/2011                         | \$1,000,000 Limit<br>\$10,000 Self Insured Retention  |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Re: Evidence of Insurance.

|                           |                                     |  |
|---------------------------|-------------------------------------|--|
| <b>CERTIFICATE HOLDER</b> | ADDITIONAL INSURED; INSURER LETTER: | <b>CANCELLATION</b>  |
| Evidence of Insurance.    |                                     | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. |
|                           |                                     | AUTHORIZED REPRESENTATIVE  |