

CERTIFICATE of INSURANCE

issued by

Flag Insurance Services

Agency Headquarters

84 Court Street

Freehold, NJ 07728

Tel: 732 462-8929

Fax: 732 577-8836

Insured's Name and Address:

S F T & T L L C

Db a South Florida Trust & Title

27911 Crown Lake Blvd Ste 101

Bonita Springs, FL 34135

34135SOU

fax: (239) 444-5534

phone: (239) 444-3799

Policy **AMS0183300** is a **Professional Liability** policy
issued for one year from **01/27/2015** to **01/27/2016** by
Lloyds.

The policy has limits of **\$1,000,000 per claim and \$1,000,000 aggregate**

The deductible for the policy is **\$5,000 Per Claim**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED ABOVE 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.

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 SHOWN. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR , AND THE CERTIFICATE HOLDER.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

THIS IS A CLAIMS MADE & REPORTED POLICY

INSRCI00 (8 05)

Insured's Copy

Mark F. Quitt

02/03/2015