



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/23/2016

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PRODUCER Moreton & Company - Idaho P.O. Box 191030 Boise, ID 83719 208 321-9300	CONTACT NAME: PHONE (A/C, No, Ext): 208 321-9300 FAX (A/C, No): 208-321-0101 E-MAIL ADDRESS: jodonald@moreton.com															
	INSURED Pioneer Title Company Pioneer National Escrow Network LLC 8151 W. Rifleman - Accounting Dept. Boise, ID 83704	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Continental Western Insurance</td> <td>10804</td> </tr> <tr> <td>INSURER B : Advantage Workers Compensation</td> <td>40517</td> </tr> <tr> <td>INSURER C : STARR SURPLUS LINES INSURANCE C</td> <td>13604</td> </tr> <tr> <td>INSURER D : Landmark American Insurance Co.</td> <td>33138</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Continental Western Insurance	10804	INSURER B : Advantage Workers Compensation	40517	INSURER C : STARR SURPLUS LINES INSURANCE C	13604	INSURER D : Landmark American Insurance Co.	33138	INSURER E :		INSURER F :
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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPA6017731	01/01/2017	01/01/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$600,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CPA6017731	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	3399569	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Crime/Fidelity			CPA6017731	01/01/2017	01/01/2018	1,000,000
C	Professional E&O			SLSLPRO26223216	01/01/2017	01/01/2018	1,000,000
D	Excess E&O			LHZ754636	01/01/2017	01/01/2018	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Errors & Omissions retention/deductible \$250,000 per claim. Crime/Fidelity deductible \$10,000 per occurrence.

CERTIFICATE HOLDER Pioneer Title Master Certificate 775 S. Rivershore LN, Ste 120 Eagle, ID 83616-5783	CANCELLATION 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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Errors & Omissions retention/deductible \$250,000 per claim. Crime/Fidelity deductible \$10,000 per occurrence.
 Network Security and Privacy Liability:
 \$1,000,000 Limit, \$25,000 SIR.
 Sublimit for Regulatory Defense: \$100,000.
 (See Attached Descriptions)

CERTIFICATE HOLDER Pioneer Title Company 1872 S. Eagle Road Meridian, ID 83642	CANCELLATION 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)

Class action retention is 2 times the E&O retention.

Retro date: 4/15/2013.

Subject to policy forms, conditions and exclusions.



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 Pioneer Title of Ada County, Inc., 775 S. Rivershore Lane, Eagle, ID 83616
 Network Security and Privacy Liability:
 \$1,000,000 Limit, \$25,000 SIR.
 (See Attached Descriptions)

CERTIFICATE HOLDER Pioneer Title of Ada County, Inc. 775 S. Rivershore Lane Eagle, ID 83616	CANCELLATION 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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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			3399569	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Crime/Fidelity			CPA6017731	01/01/2017	01/01/2018	1,000,000
C	Professional E&O			SLSLPRO26223216	01/01/2017	01/01/2018	1,000,000
D	Excess E&O			LHZ754636	01/01/2017	01/01/2018	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Errors & Omissions retention/deductible \$250,000 per claim. Crime/Fidelity deductible \$10,000 per occurrence.
Re: Pioneer Title Company, 1872 S. Eagle Road, Meridian, ID 83642
Network Security and Privacy Liability:
\$1,000,000 Limit, \$25,000 SIR.
(See Attached Descriptions)

CERTIFICATE HOLDER Pioneer Title Company 1872 S. Eagle Road Meridian, ID 83642	CANCELLATION 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)

Sublimit for Regulatory Defense: \$100,000.
Class action retention is 2 times the E&O retention.
Retro date: 4/15/2013.
Subject to policy forms, conditions and exclusions.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/23/2016

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 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).

PRODUCER Moreton & Company - Idaho P.O. Box 191030 Boise, ID 83719 208 321-9300	CONTACT NAME: PHONE (A/C, No, Ext): 208 321-9300 FAX (A/C, No): 208-321-0101 E-MAIL ADDRESS: jodonald@moreton.com	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Continental Western Insurance 10804 INSURER B : Advantage Workers Compensation 40517 INSURER C : STARR SURPLUS LINES INSURANCE C 13604 INSURER D : Landmark American Insurance Co. 33138 INSURER E : INSURER F :	
INSURED Pioneer Title Company Pioneer National Escrow Network LLC 8151 W. Rifleman - Accounting Dept. Boise, ID 83704		

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPA6017731	01/01/2017	01/01/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$600,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CPA6017731	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	3399569	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Crime/Fidelity			CPA6017731	01/01/2017	01/01/2018	1,000,000
C	Professional E&O			SLSLPRO26223216	01/01/2017	01/01/2018	1,000,000
D	Excess E&O			LHZ754636	01/01/2017	01/01/2018	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Errors & Omissions retention/deductible \$250,000 per claim. Crime/Fidelity deductible \$10,000 per occurrence.

CERTIFICATE HOLDER Pioneer Title Company 8151 W. Rifleman Boise, ID 83704	CANCELLATION 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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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Moreton & Company - Idaho P.O. Box 191030 Boise, ID 83719 208 321-9300	CONTACT NAME: PHONE (A/C, No, Ext): 208 321-9300 FAX (A/C, No): 208-321-0101 E-MAIL ADDRESS: jodonald@moreton.com															
	INSURED Pioneer Title Company Pioneer National Escrow Network LLC 8151 W. Rifleman - Accounting Dept. Boise, ID 83704	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Continental Western Insurance</td> <td>10804</td> </tr> <tr> <td>INSURER B : Advantage Workers Compensation</td> <td>40517</td> </tr> <tr> <td>INSURER C : STARR SURPLUS LINES INSURANCE C</td> <td>13604</td> </tr> <tr> <td>INSURER D : Landmark American Insurance Co.</td> <td>33138</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Continental Western Insurance	10804	INSURER B : Advantage Workers Compensation	40517	INSURER C : STARR SURPLUS LINES INSURANCE C	13604	INSURER D : Landmark American Insurance Co.	33138	INSURER E :		INSURER F :
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPA6017731	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 600,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			CPA6017731	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	3399569	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Crime/Fidelity			CPA6017731	01/01/2017	01/01/2018	1,000,000
C	Professional E&O			SLSLPRO26223216	01/01/2017	01/01/2018	1,000,000
D	Excess E&O			LHZ754636	01/01/2017	01/01/2018	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Errors & Omissions retention/deductible \$250,000 per claim. Crime/Fidelity deductible \$10,000 per occurrence.
Re: Pioneer Title of Ada County, Inc., 8151 W. Rifleman Street, Boise, ID 83704
Network Security and Privacy Liability:
\$1,000,000 Limit, \$25,000 SIR.
(See Attached Descriptions)

CERTIFICATE HOLDER Pioneer Title of Ada County, Inc. 8151 W. Rifleman Street Boise, ID 83704	CANCELLATION 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)

Sublimit for Regulatory Defense: \$100,000.

Class action retention is 2 times the E&O retention.

Retro date: 4/15/2013.

Subject to policy forms, conditions and exclusions.



CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Moreton & Company - Idaho P.O. Box 191030 Boise, ID 83719 208 321-9300	CONTACT NAME: PHONE (A/C, No, Ext): 208 321-9300 FAX (A/C, No): 208-321-0101 E-MAIL ADDRESS: jodonald@moreton.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Pioneer Title Company Pioneer National Escrow Network LLC 8151 W. Rifleman - Accounting Dept. Boise, ID 83704	INSURER A : Continental Western Insurance 10804	
	INSURER B : Advantage Workers Compensation 40517	
	INSURER C : STARR SURPLUS LINES INSURANCE C 13604	
	INSURER D : Landmark American Insurance Co. 33138	
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	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPA6017731	01/01/2017	01/01/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$600,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CPA6017731	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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A	Crime/Fidelity			CPA6017731	01/01/2017	01/01/2018	1,000,000
C	Professional E&O			SLSLPRO26223216	01/01/2017	01/01/2018	1,000,000
D	Excess E&O			LHZ754636	01/01/2017	01/01/2018	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Errors & Omissions retention/deductible \$250,000 per claim. Crime/Fidelity deductible \$10,000 per occurrence.

Re: Pioneer Title Co of Ada County and Pioneer 1031 Co., 1414 W. Bannock, Boise, ID 83703
 Network Security and Privacy Liability:
 \$1,000,000 Limit, \$25,000 SIR.
 (See Attached Descriptions)

CERTIFICATE HOLDER Pioneer Title Co of Ada County and Pioneer 1031 Co 1414 W. Bannock Boise, ID 83703	CANCELLATION 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)

Sublimit for Regulatory Defense: \$100,000.
Class action retention is 2 times the E&O retention.
Retro date: 4/15/2013.
Subject to policy forms, conditions and exclusions.