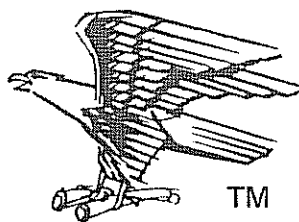
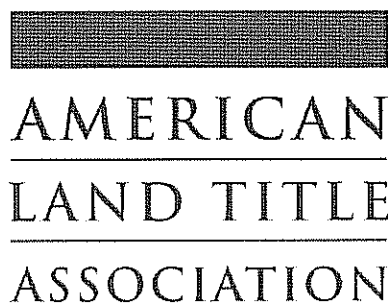

ALTA Best Practices Framework: Certification Package

Version 2.0
Published July 19, 2013





ALTA Best Practices Framework

The ALTA Best Practices Framework has been developed to assist lenders in satisfying their responsibility to manage third party vendors. The ALTA Best Practices Framework is comprised of the following documentation needed by a company electing to implement such a program.

- ALTA Best Practices Framework: Title Insurance and Settlement Company Best Practices
- ALTA Best Practices Framework: Assessment Procedures
- ALTA Best Practices Framework: Certification Package (Package includes 3 Parts)

Version History and Notes

Date	Version	Notes
7/19/2013	2.0	Publication of the ALTA Best Practices Framework: Certification Package, along with other documents in the ALTA Best Practices Framework, as approved by the ALTA Board on July 19, 2013. This is the first publication of the ALTA Best Practices Framework: Certification Package.

Certification Package Overview

The Certification Package is comprised of a Cover Page and 3 Parts. These documents should be prepared and either posted or delivered in the following order:

- Certification Package
 - Certification Package Cover Page
 - Agency Letter (Part 1)
 - Best Practices Certificate (Part 2)
 - Declarations Page (Part 3)

This certification package is issued in accordance with the ALTA Best Practices Framework, which includes the ALTA Title Insurance and Settlement Company Best Practices, Assessment Procedures, and Certification Package. The Framework is published and available at <http://www.ALTA.org/bestpractices>.



ALTA Best Practices Framework: Certification Package
Cover Page

American Land Title Association

Certification Package
ALTA Best Practices Framework

Agency: ACME Title Agency, Inc.

This Certification Package contains this cover page and three parts, as follows:

- Part 1: Agency Letter
- Part 2: Best Practices Certificate
- Part 3: Declarations Page

ALTA Best Practices Framework: Certification Package
Agency Letter (Part 1)

Date: **October 3, 2015**

Subject: ALTA Best Practices Framework Dated July 19, 2013.

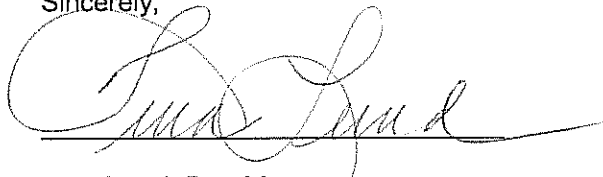
We are providing this letter in connection with the ALTA Best Practices Framework ("Framework") dated July 19, 2013. We intend that it be considered by any consumer, mortgage originator or mortgage servicer doing business with our company during the 24-month period following the date of this letter.

Title Partners of South Florida, Inc. has implemented the ALTA Title Insurance and Settlement Company Best Practices ("Best Practices") dated July 19, 2013, listed in the attached ALTA Best Practices Certificate. As of the date of this letter, we comply with the Best Practices in all material respects.

We represent that, during the 24 month period commencing on the date of this letter, we will remain in material compliance with each of the Best Practices.

Attached to this letter, please find (i) an ALTA Best Practices Certificate issued to us pursuant to the Framework, and (ii) a copy of the current Declarations Page for our errors and omissions or professional liability insurance.

Sincerely,



Tina Lund, President
Title Partners of South Florida, Inc
2400 E Commercial Blvd.
Suite 104
Ft. Lauderdale, FL 33308



ALTA Best Practices Framework: Certification Package

Certificate (Part 2)

Certificate

Issued to:

Title Partners of South Florida, Inc.

"the Company"

The Company performed the assessment procedures enumerated in the ALTA Best Practices Framework: Assessment Procedures dated July 19, 2013 ("Procedures"). These Procedures were agreed to by the Company to assist it in evaluating compliance with the ALTA Title Insurance and Settlement Company Best Practices, dated July 19, 2013 ("Best Practices"), as of October 3, 2015.

Procedures executed related to the following ALTA Best Practices:

- 1. Licensing
- 2. Escrow Accounting Procedures
- 4. Settlement Procedures
- 5. Title Policy Production & Delivery
- 6. Professional Liability Insurance Coverage
- 7. Consumer Complaints

- 3. Privacy and Information Security

Our performance of such Procedures rendered a resulting grade of: **PASS**

The scope of our engagement was limited to performance of the Procedures. We neither express an opinion regarding (i) the sufficiency of the Procedures for any particular purpose, nor (ii) compliance with the Best Practices.

This certificate is intended solely for the use of the Company. It is not intended to be relied upon by anyone other than the Company itself. Use of or reference to this certificate other than by the Company is at the user's sole responsibility and risk.

Title Partners of South Florida, Inc

By: 

Tina Lund, President



ALTA Best Practices Framework: Certification Package
Declarations Page (Part 3)

**See Errors and Omissions or
Professional Liability Declaration Page
Attached hereto and made a part hereof**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/02/2015

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 Professional Risks Organization 10100 West Sample Road Coral Springs, FL 33065	CONTACT NAME: Lawrence A. Galpern
	PHONE (A/C, No., Ext): 855-277-6747 FAX (A/C, No): E-MAIL ADDRESS: lgalpem@att.net
INSURED Title Partners of South Florida, Inc. 2400 E. Commercial Blvd., Suite 104 Fort Lauderdale, FL 33308	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Underwriters at Lloyd's of London
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

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
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ OCCUR CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			AMS-0208400	03/01/2015	03/01/2016	Each Claim \$1,000,000.00 Annual Aggregate \$1,000,000.00

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

Title Agency:

Each Claim Deductible: \$5,000.00

Retroactive Date: 08/01/1995

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage

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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