

MAILING ADDRESS:
TEXAS REAL ESTATE COMMISSION
P.O. Box 12188
Austin, Texas 78711-2188
www.trec.texas.gov



STREET ADDRESS:
TEXAS REAL ESTATE COMMISSION
1700 N. Congress Ave., Suite 400
Austin, Texas 78701
Telephone: (512) 936-3000

CERTIFICATE OF INSURANCE FOR A BROKER BUSINESS ENTITY (For Informational Purposes Only)

The business entity shall furnish the Texas Real Estate Commission a new Certificate of Insurance not later than 15 days after the expiration of this Certificate of Insurance. This Certificate of Insurance expires on the date that the below named policy expires. This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This Certificate of Insurance neither affirmatively or negatively amends, extends, or alters the coverage afforded by the policy specified herein. The aggregate limit is as specified in the policy.

1. Broker's Name (Business Entity) <u>OnDemand Real Estate Services LLC.</u>	5. TREC Broker License # <u>9010832</u>						
2. Mailing Address <u>12225 Greenville Avenue Ste. 1050 ,Dallas ,Texas ,75243</u> <small>Business Address (Fixed Office)</small> <u>12225 Greenville Avenue Ste. 1050</u> <small>Mailing Address (if different)</small>	6. Insurance Company <u>HDI Global Insurance Company</u>						
<table border="0" style="width: 100%;"><tr><td style="width: 33%;"><u>Dallas</u></td><td style="width: 33%;"><u>Texas</u></td><td style="width: 33%;"><u>75243</u></td></tr><tr><td>City</td><td>State</td><td>Zip Code</td></tr></table>	<u>Dallas</u>	<u>Texas</u>	<u>75243</u>	City	State	Zip Code	7. Policy Number <u>HGI-1061267-01</u> <small>(Binders not accepted)</small>
<u>Dallas</u>	<u>Texas</u>	<u>75243</u>					
City	State	Zip Code					
3. Business Phone <u>214-766-5833</u>	8. Name of Policy Holder (if group policy) _____						
4. Email Address <u>tylerdemando@gmail.com</u>	9. Term Dates <u>05-04-2026</u> <u>05-04-2027</u> <small>Effective Expired</small>						
TEXAS ADMITTED CARRIER NO. <u>96327</u>	OR TEXAS SURPLUS LINE CO. NO. _____						
10. Name of Insurance Agency <u>Gallagher Affinity Insurance Services Inc</u>	12. Name of Agent _____						
11. Insurance Agency Address <u>P.O. Box 4142</u> <small>Number and Street</small>	13. Agent Phone _____						
<table border="0" style="width: 100%;"><tr><td style="width: 33%;"><u>Clinton</u></td><td style="width: 33%;"><u>IA</u></td><td style="width: 33%;"><u>52733</u></td></tr><tr><td>City</td><td>State</td><td>Zip Code</td></tr></table>	<u>Clinton</u>	<u>IA</u>	<u>52733</u>	City	State	Zip Code	14. Policy Type: OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/>
<u>Clinton</u>	<u>IA</u>	<u>52733</u>					
City	State	Zip Code					

By my signature below, as an authorized insurance agent licensed to do business in the State of Texas, I hereby certify that the above policy meets the following minimum standards:

- (1) provides for Errors & Omissions (E&O) insurance as required by §1101.355, Texas Occupations Code, and
- (2) is in a coverage amount of not less than \$1 million per occurrence.

Signature of insurance agent licensed to do business in Texas	Jason Rogers	04-01-2026
	Printed Name	Date

CERTIFICATE HOLDER
TEXAS REAL ESTATE COMMISSION
P.O. Box 12188
Austin, Texas 78711-2188
PHONE 512-936-3000
FAX 512-936-3864