



Bonding and Insurance Information

Exeter 1031 Exchange Services, LLC and its affiliated companies are pleased to provide our clients and their advisors with the following fidelity bond and errors and omissions insurance coverage information:

Fidelity Bond Coverage
\$10 Million

Errors and Omissions Insurance
\$1 Million

Please refer to the attached insurance company Evidence of Insurance for complete information, including policy numbers, term and coverage amounts.

You are also welcome to contact our insurance broker to verify that our coverage is still in full force and effect. Their contact information is:

Insurance Broker Contact: Lockton Insurance Brokers, Inc.
Brandon Baer, Account Administrator
Two Embarcadero Center, Suite 1700
San Francisco, CA 94111

Phone: (415) 568-4053
Facsimile: (415) 992-4000
Email: bbaer@lockton.com

Exeter 1031 Exchange Services, LLC
402 West Broadway, Suite 400, San Diego, California 92101
Office: (619) 615-4210 • Facsimile: (619) 615-4205 • Web site: www.exeter1031.com

San Diego • Irvine • Ontario • Bakersfield • Fresno • San Francisco • New York • New Jersey • Hawaii



EVIDENCE OF INSURANCE
FIDELITY / COMMERCIAL CRIME INSURANCE

This document certifies that:

THE EXETER GROUP, LLC. , EXETER 1031 EXCHANGE SERVICES, LLC.
EXETER REVERSE 1031 EXCHANGE SERVICES, LLC.
EXETER ADVANCED EXCHANGE STRATEGIES, LLC.
EXETER ADVANCED EXCHANGE PARKING SERVICES, LLC.
EXETER CONSULTING GROUP, LLC.
EXETER EXCHANGE MANAGEMENT CORPORATION
EXETER SDIRA CORPORATION, EXETER FIDUCIARY SERVICES, LLC

is insured under a Commercial Crime policy underwritten by Liberty Mutual Insurance Company.

Description of Coverage
(as more fully described in Liberty Mutual policy)

The policy(ies) identified below provide(s) coverage to the Insured(s) identified above and insure(s) against losses sustained by the Insured resulting directly from theft by the Insured's employees.

The policy(ies) also insure(s) against losses resulting directly from theft of client money or property by an identified employee or owner of the Insured. As the policy(ies) provide(s) first party coverage for the Insured's benefit only, any claim for such loss must be presented by the Insured. However, if the Insured presents a claim for loss of client money or property, the policy(ies) do(es) permit direct payment of loss to the exchanger client.

Policy Information

Table with 4 columns: Insurer Name, Policy Number, Policy Period, Per Occurrence* Limit. Rows include Liberty Mutual and Zurich North America.

*"Occurrence" is defined in the policy

Insurance Broker: San Francisco Series of Lockton Companies, LLC
Two Embarcadero Center, Suite 1700
San Francisco, CA 94111
Tel: (415) 568-4053 / Fax: (415) 992-4053
Attn: Brandon Baer

SAN FRANCISCO SERIES OF LOCKTON COMPANIES, LLC

[Handwritten signature]

Authorized Representative

This Evidence of Insurance is only a general summary and does not grant coverage or attempt to describe all policy terms and conditions. In the event a claim is presented, the actual terms and conditions of the policy(ies) will control. A complete copy of the policy(ies) may be requested

To view a specimen copy of the policy referenced above, please click or visit www.qisamplepolicy.com



from the Insured. This document is for informational purposes only and is not intended as an advertisement, solicitation or attempt to negotiate or procure the making of any insurance contract.

To view a specimen copy of the policy referenced above, please click or visit www.qisamplepolicy.com

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

7/15/2009

DATE (MM/DD/YYYY)
7/15/2008

PRODUCER Lockton Insurance Brokers, LLC
CA Licnsc #OF15767
Two Embarcadero, Suite 1700
San Francisco 94111
(415) 568-4000

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.

INSURED The Exeter Group, LLC
1079416 402 W. Broadway, Ste 400
San Diego CA 92101

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Lloyd's of London	0
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES THEEX03 D1

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

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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT \$ XXXXXXXX OTHER THAN EA ACC \$ XXXXXXXX AUTO ONLY: AGG \$ XXXXXXXX								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> UMBRELLA FORM RETENTION \$	NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX \$ XXXXXXXX \$ XXXXXXXX								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	NOT APPLICABLE			<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ XXXXXXXX</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ XXXXXXXX</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ XXXXXXXX</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ XXXXXXXX	E.L. DISEASE - EA EMPLOYEE	\$ XXXXXXXX	E.L. DISEASE - POLICY LIMIT	\$ XXXXXXXX
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$ XXXXXXXX													
E.L. DISEASE - EA EMPLOYEE	\$ XXXXXXXX													
E.L. DISEASE - POLICY LIMIT	\$ XXXXXXXX													
A		OTHER Errors & Omissions	0709-00090816D	7/15/2008	7/15/2009	\$1,000,000 Per Claim								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Evidence of Insurance for Errors & Omission Policy. Additional Named Insured Includes: Exeter 1031 Exchange Services, LLC; Exeter Reverse 1031 Exchange Services, LLC; Exeter Advanced Exchange Strategics, LLC; Exeter Advanced Exchanged Parking Services LLC; Exeter Exchange Consulting, LLC; Exeter Exchange Management Corporation; Exeter SDIRA Corporation.

CERTIFICATE HOLDER	CANCELLATION
3723029 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 