

DECLARATIONS

REAL ESTATE APPRAISERS
ERRORS & OMISSIONS INSURANCE POLICY

Authorized Representative

301 E. Fourth Street, Cincinnati, OH 45202

THIS IS BOTH A CLAIMS MADE AND REPORTED INSURANCE POLICY.

THIS POLICY APPLIES TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD.

Insurance is afforded by the company indicated below: (A capital stock corporation)

☑ Great American Assurance Company

Note: The Insurance Company selected above shall herein be referred to as the Company.

Policy Number: RAP3667649-17 Renewal of: RAP3667649-16

Program Administrator: Herbert H. Landy Insurance Agency Inc.

75 Second Ave Suite 410 Needham, MA 02494-2876

Item 1. Named Insured: John Dart	
Item 2. Address : 4340 (Camello Rd
City, State, Zip Code: Woodl	land Hills, CA 91364
Item 3. Policy Period: From 01/09/2017 To 01/09/2018 (Month, Day, Year) (Month, Day, Year) (Both dates at 12:01 a.m. Standard Time at the address of the Named Insured as stated in Item 2.)	
Item 4. Limits of Liability:	
A. \$1,000,000 Damages	s Limit of Liability – Each Claim
B. \$1,000,000 Claim Ex	xpenses Limit of Liability – Each Claim
C. \$1,000,000 Damages	Limit of Liability – Policy Aggregate
D. \$1,000,000 Claim Ex	xpenses Limit of Liability – Policy Aggregate
Item 5. Deductible (Inclusive of Claim Expenses):	
A. \$ Each Cla	ím
B. \$ 1,000 Aggregate	e
Item 6. Premium : \$ 895.00	
Item 7. Retroactive Date (if applicable): 01/10/1992	
Item 8. Forms, Notices and Endorsements attached:	
D42100 (03/15) D42300 CA (10/13) D42408 (05/13) D42402 (05/13) IL7324 (08/12) Besty a magnion	

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