

HUDSON INSURANCE COMPANY

100 William Street, 5th Floor
New York, NY 10038

**REAL ESTATE APPRAISERS ERRORS AND OMISSIONS INSURANCE
POLICY DECLARATIONS**

NOTICE: THIS IS A "CLAIMS MADE AND REPORTED" POLICY. THIS POLICY REQUIRES THAT A CLAIM BE MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD OR AUTOMATIC EXTENDED REPORTING PERIOD.

THIS POLICY MAY CONTAIN PROVISIONS WHICH LIMIT THE AMOUNT OF CLAIM EXPENSES THE INSURER IS RESPONSIBLE TO PAY IN CONNECTION WITH CLAIMS. CLAIM EXPENSES SHALL BE SUBJECT TO ANY DEDUCTIBLE AMOUNT. THE PAYMENT OF CLAIM EXPENSES WILL REDUCE THE LIMITS OF LIABILITY STATED IN ITEM 4. OF THE DECLARATIONS. PLEASE READ YOUR POLICY CAREFULLY.

PLEASE READ THIS POLICY CAREFULLY.

Policy Number: PRA-2AX-1006139 **Renewal of:**
1. Named Insured: Joseph N Walker
2. Address: 6929 N Hayden Rd, Suite C4-472
Scottsdale, AZ 85250
3. Policy Period: **From:** December 4, 2021 **To:** December 4, 2022

12:01 A.M. Standard Time at the address of the **Named Insured** as stated in Number 2 above

4. Limit of Liability	Each Claim	Policy Aggregate
Damages Limit of Liability	A. <u>\$1,000,000</u>	B. <u>\$1,000,000</u>
Claims Expense Limit of Liability	C. <u>\$1,000,000</u>	D. <u>\$1,000,000</u>

5. Deductible (Inclusive of Claims Expenses):

5A. <u>\$ 500</u>	Each Claim	5B. <u>\$ 1,000</u>	Aggregate
6. Policy Premium:	<u>\$683.00</u>	State Taxes/Surcharges:	<u>\$0.00</u>

7. Retroactive Date: December 4, 2010

8. Notice to Company: Notice of a **Claim** or Potential **Claim** should be sent to:
Hudson Insurance Group
100 William Street, 5th Floor
New York, NY 10038
Fax: 646-216-3786
Email: hudsonclaims300@hudsoninsgroup.com
On weekends or holidays: **866-546-3981 (Toll Free)**

9. A. Program Administrator: Riverton Insurance Agency Corp.
OREP- Organization of Real Estate Professionals
B. Agent/Broker: Insurance Services

IN WITNESS WHEREOF, We have caused this policy to be executed by our President and our Corporate Secretary at New York, New York

Handwritten signature of Christy Z. Gallof in black ink.

President

Handwritten signature of Dina Daskin in black ink.

Secretary