



301 E. Fourth Street, Cincinnati, OH 45202

DECLARATIONS
for
REAL ESTATE APPRAISERS
ERRORS & OMISSIONS INSURANCE POLICY

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: **RAP3665488-16**

Renewal of: **RAP3665488-15**

Program Administrator: **Herbert H. Landy Insurance Agency Inc.**
75 Second Ave Suite 410 Needham, MA 02494-2876

Item 1. **Named Insured:** **Brian J. Elliott**

Item 2. **Address:** **543 Lawrence Ave**
City, State, Zip Code: **Lawrence, KS 66049**

Item 3. **Policy Period:** From **08/01/2016** To **08/01/2017**
(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** Limit of Liability – Each **Claim**
- B. \$ **1,000,000** **Claim Expenses** Limit of Liability – Each **Claim**
- C. \$ **1,000,000** **Damages** Limit of Liability – Policy Aggregate
- D. \$ **1,000,000** **Claim Expenses** Limit of Liability – Policy Aggregate

Item 5. **Deductible** (Inclusive of **Claim Expenses**):

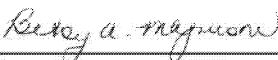
- A. \$ **500** Each **Claim**
- B. \$ **1,000** Aggregate

Item 6. **Premium:** \$ **598.00**

Item 7. **Retroactive Date** (if applicable): **08/01/2007**

Item 8. **Forms, Notices and Endorsements attached:**

D42100 (03/15) D42300 KS (05/13)
D42402 (05/13) D42408 (05/13) IL7324 (08/12)


Authorized Representative