

**NOTICE: THIS POLICY IS WRITTEN ON A CLAIMS-MADE BASIS. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMITS OF LIABILITY CAN BE COMPLETELY EXHAUSTED BY DEFENSE EXPENSES AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE. THE INSURER WILL HAVE NO LIABILITY FOR DEFENSE EXPENSES OR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. PLEASE READ THE ENTIRE POLICY CAREFULLY.**

**Policy Number**

LHN 9518096 07

**The Hanover Insurance Company**

440 Lincoln Street  
Worcester, MA 01653  
(A Stock Insurance Company, herein called the **Insurer**)

**Item 1. NAMED INSURED AND ADDRESS**

LAW OFFICE OF LAUREN P SMITH  
29 CHURCH ST  
WESTBOROUGH, MA 01581

**Item 2. POLICY PERIOD**

Inception Date: 04/13/2019 Expiration Date: 04/13/2020  
(12:01 AM standard time at the address shown in Item 1)

**Item 3. INSURING AGREEMENTS**

<u>Insuring Agreement</u>	<u>Limits</u>	<u>Deductible</u>
A.1. Professional Services Liability - (Including Privacy Breach and Security Breach)	\$1,000,000 each <b>Claim</b> not to exceed; \$1,000,000 Maximum Aggregate	\$2,500 each <b>Claim</b> N/A all <b>Claims</b>
A.2. Subpoena Assistance Sublimit	\$1,000,000 each <b>Subpoena</b> not to exceed; \$1,000,000 Maximum Aggregate	\$2,500 each <b>Subpoena</b>
B. Disciplinary Proceedings	\$25,000 each <b>Disciplinary Proceeding</b> not to exceed; \$25,000 Maximum Aggregate	\$0 each <b>Disciplinary Proceeding</b>
C. Loss of Earnings	\$500 each Day \$20,000 each <b>Insured</b> \$50,000 Maximum Aggregate	Not Applicable
D. Crisis Event Expenses	\$25,000 each <b>Crisis Event</b> not to exceed; \$25,000 Maximum Aggregate	\$2,500 each <b>Crisis Event</b>

Item 4. **RETROACTIVE DATE:** 04/13/1996

Item 5. **OPTIONAL EXTENDED REPORTING PERIOD:**

Percentage of Annualized Premium: N/A  
Additional Period: N/A

Item 6. **PREMIUM** \$1,866.00  
**Total:** \$1,866.00

*\*See State Surcharge Notice(s) to Policyholder, if applicable*

Item 7. **ENDORSEMENTS EFFECTIVE AT INCEPTION:** See Schedule of Forms attached.

Item 8. **NOTICE TO INSURER**

Report a claim to the Company as required to:

The Hanover Insurance Company  
440 Lincoln Street  
Worcester, MA 01653

**National Claims Telephone Number:** 1-800-628-0250, extension 8556281

**Facsimile:** 508-926-4789

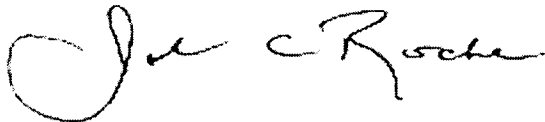
**Email:** lawyerclaim@hanover.com

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**Agent on behalf of:** HERBERT H. LANDY INSURANCE  
75 SECOND AVE., SUITE 410  
NEEDHAM, MA 02494

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We have caused this Policy to be signed by our President and Secretary and countersigned where required by a duly authorized agent of the Company.



John C. Roche, President



Charles F. Cronin, Secretary