

LAWYERS PROFESSIONAL LIABILITY POLICY DECLARATIONS

	<u>ency</u> : 0324	<u>Branch:</u> 912	<u>Policy Number:</u> 425131798	Insurance is provided by 151 North Franklin Stree A Stock Insurance Comp	6
1.				<u>NOTICE TO POLICYHOLDERS:</u> This is a Claims Made and Reported policy. It applies only to those claims that are both first made against the insured and reported in writing to the Company during the policy period. Please review the policy carefully and discuss this coverage with your insurance agent or broker.	
2.	POLICY PERIOD: Inception: 05/01/2019 at 12:01 A.M. Standard Time at the address shown			Expiration: 05/01/2020 above	
3.	LIMITS OF LIABILITY: Inclusive of Claims Expenses			Each Claim: \$500,000 Aggregate: \$500,000	
	Death or Disability and Non-Practicing Extended Reporting Period Limit of Liability:			Each Claim: \$500,000 Aggregate: \$500,000	
4.	DEDUCTIBLES: Inclusive of Claims Expenses			Aggregate: \$10,000	
5.	POLICY PRE	EMIUM:			
	Annual Premiu	m:			\$2,245.00
	Total Amount:				\$2,245.00
	Includes CNA	Risk Control Cred	lit of		\$ 0.00

Includes Lawyers Data Breach and Network Security Premium, see coverage endorsement if applicable

6. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION:

G-118011-A (Ed. 06/2015), G-118012-AC (Ed. 03/1999), CNA-82437-XX (Ed. 06/2015), G-118016-ACC (Ed. 12/2011), G-118024-A (Ed. 04/2008), G-118029-A (Ed. 04/2008), G-118045-A01 (Ed. 04/2008)

7. WHO TO CONTACT:

To report a claim: CNA – Claims Reporting P.O. Box 8317 Chicago, IL 60680-8317 Fax: 866-773-7504 / Online: www.cna.com/claims Email: SpecialtyProNewLoss@cna.com Lawyers Claim Reporting Questions: 800-540-0762

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Authorized Representative

04/26/2019 Date