

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-1011186 **Renewal of:** PRA-2AX-1003064

- 1. Named Insured:** Gary L McKinney
- 2. Address:** PO Box 3963
Kingsport, TN 37664

3. Policy Period: **From:** August 3, 2022 **To:** August 3, 2023

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

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|--|-----------------------|-----------------------|
| 4. Limit of Liability | Each Claim | Policy Aggregate |
| Damages Limit of Liability | A. \$1,000,000 | B. \$1,000,000 |
| Claims Expense Limit of Liability | C. \$1,000,000 | D. \$1,000,000 |

5. Deductible (Inclusive of Claims Expenses):

5A. \$ 500 Each **Claim** **5B. \$ 1,000** Aggregate

6. Policy Premium: \$515.00 **State Taxes/Surcharges:** \$0.00

7. Retroactive Date: August 3, 2002

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

- 9. A. Program Administrator:** Riverton Insurance Agency Corp.
- B. Agent/Broker:** OREP Insurance Services, LLC
(888) 347-5273

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

President

Secretary