



LIA Administrators & Insurance Services



APPRAISAL AND VALUATION
PROFESSIONAL LIABILITY INSURANCE POLICY

DECLARATIONS

ASPEN AMERICAN INSURANCE COMPANY

(A stock insurance company herein called the "Company")
175 Capitol Blvd. Suite 100
Rocky Hill, CT 06067

Table with 3 columns: Date Issued, Policy Number, Previous Policy Number. Values: 05/31/2018, AAI002173-04, AAI002173-03

THIS IS A CLAIMS MADE AND REPORTED POLICY. COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND THEN REPORTED TO THE COMPANY IN WRITING NO LATER THAN SIXTY (60) DAYS AFTER EXPIRATION OR TERMINATION OF THIS POLICY, OR DURING THE EXTENDED REPORTING PERIOD, IF APPLICABLE, FOR A WRONGFUL ACT COMMITTED ON OR AFTER THE RETROACTIVE DATE AND BEFORE THE END OF THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY.

Item

Table with 2 columns: Item details (1-9) and empty space. Items include Customer ID, Policy Period, Deductible, Retroactive Date, Inception Date, Limits of Liability, Mail notices, and Annual Premium.

This Declarations Page, together with the completed and signed Policy Application including all attachments and exhibits thereto, and the Policy shall constitute the contract between the Named Insured and the Company.

05/31/2018

Date

By

Handwritten signature

Authorized Signature

LIA-001 (12/14)

Aspen American Insurance Company