



**DECLARATIONS**  
for  
**REAL ESTATE APPRAISERS**  
**ERRORS & OMISSIONS INSURANCE POLICY**

301 E. Fourth Street, Cincinnati, OH 45202

**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: **RAP3368572-16**

Renewal of: **RAP3368572-15**

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

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Item 1. **Named Insured:** **James Make**

Item 2. **Address:** **323 Auburn Way**  
**City, State, Zip Code:** **Coppell, TX 75019**

Item 3. **Policy Period:** From 10/06/2016 To 10/06/2017  
*(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**):

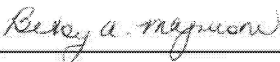
- A. \$ 500 Each **Claim**
- B. \$ 1,000 Aggregate

Item 6. **Premium:** \$ **1,029.00**

Item 7. **Retroactive Date** (if applicable): **10/06/2005**

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

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



Authorized Representative