

SURPLUS LINES Title Agents Advantage

Professional Liability Insurance

Declarations Page

NOTICE: THIS POLICY IS A CLAIMS-MADE POLICY. PLEASE READ THE POLICY CAREFULLY.

Policy Number L3D H742057 00

The Hanover Atlantic Insurance Company, LTD

C/O Marsh Management Services
Victoria Hall, 11 Victoria Street
PO Box hm 1826
Hamilton, HM 11, Bermuda
(A Stock Insurance Company, herein called the **Company**)

RISK PURCHASING GROUP NOTICE

This Title Agents Professional Liability Risk Purchasing Group Policy is not protected by an insurance insolvency guaranty fund in this state, and the insurer or Risk Purchasing Group may not be subject to all the insurance laws and rules of this state.

IMPORTANT NOTICE REGARDING RISK PURCHASING GROUPS

Disclosure Pursuant to Federal Law Regarding Purchasing Groups [15 U.S.C. SEC. 3901, et seq] the Norman-Spencer Real Estate Risk Purchasing Group, Inc. is a "Purchasing Group", as defined under Federal law, formed to purchase liability insurance on a group basis for its Members to cover the similar or related liability exposure(s) to which the Members of the Purchasing Group are exposed by virtue of their related, similar, or common businesses or services.

Members do not share limits and each member is provided with its own policy and/or evidence of insurance.

SURPLUS LINES POLICYHOLDER NOTICE

Issue Date 11/1/2021

Item 1. NAMED INSURED AND ADDRESS

Oleander Abstractors, Inc.

1015 Atlantic Blvd Suite 80

Atlantic Beach FL 32233

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Item 2. POLICY PERIOD

Inception Date: 12/7/2021 Expiration Date: 12/7/2022

(12:01 AM standard time at the address shown in Item 1.)

Item 3. LIMIT OF LIABILITY

a. \$1,000,000 for each Claim; not to exceed b. \$1,000,000 for all Claims in the Aggregate

Item 4. SUBLIMITS OF LIABILITY

Personal Injury a. \$1,000,000 for each Claim; not to exceed b. \$1,000,000 for all Claims in the Aggregate

Item 5. DEDUCTIBLE

a. \$1,000 for each Claim

b. \$1,000 for all Claims in the Aggregate

Item 6. SUPPLEMENTAL COVERAGE LIMIT AND DEDUCTIBLE

DEDUCTIBLE N/A **Disciplinary Proceedings** \$25,000 in the Aggregate Consumer Financial Protection Bureau N/A in the Aggregate N/A Employee Dishonest Acts in the Aggregate N/A N/A Loss of Earnings and Expense \$500 per Day per Insured \$10,000 Reimbursement in the Aggregate

Item 7. PROFESSIONAL SERVICES Title Abstractors and Searchers, Notary, Witness Closer/Mobile Closer/Signing Agent

Item 8. RETROACTIVE DATE 12/7/2016

Item 9. PREMIUM FOR THE POLICY PERIOD

Annual Policy Premium: \$1,320

Total Premium: \$ 1,320.00

Item 10. ENDORSEMENTS EFFECTIVE AT INCEPTION: See Schedule of Forms attached.

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Item 11. NOTICE TO INSURER

Report a claim to the Company as required by Section G. Duties in the Event of Claim(s) or Potential Claim(s) to:

www.hanover.com/report-claim-online
The Hanover Atlantic Insurance Company, LTD
Care of: The Hanover Insurance Company

440 Lincoln Street Worcester, MA 01653

National Claims Telephone Number: 800.628.0250 (ext. 8556281)

Facsimile: 508.635.1868
Email: proclaim@hanover.com

The Hanover Atlantic Insurance Company, Ltd.
C/O Marsh Management Services
Victoria Hall, 11 Victoria Street
PO Box hm 1826
Hamilton, HM 11, Bermuda
Tel 301-495-7722

THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ABOVE.

In Witness Whereof, The Hanover Atlantic Insurance Company, Ltd. has caused this policy to be executed by is duly authorized officers.

Bryan Salvatore President Ann Kirkpatrick Tripp

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