

DECLARATIONS

REAL ESTATE APPRAISERS
ERRORS & OMISSIONS INSURANCE POLICY

Authorized Representative

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)

Note: The Insurance Company selected above shall herein be referred to as the Company .		
	Policy Number:	Renewal of:
	Program Administrator:	Herbert H. Landy Insurance Agency Inc. 100 River Ridge Drive, Suite 301 Norwood, MA 02062
Item 1	. Named Insured: Jo	oseph Anthony Chico
Item 2	. Address:	310 West Street
	City, State, Zip Code:	Berlin, MD 21811
Item 3	. Policy Period : From (<i>M</i>) (Both dates at	77/14/2025 To 07/14/2026 Month, Day, Year) To Month, Day, Year) 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. \$ 0.00	Each Claim
	В. \$0.00	Aggregate
Item 6	. Premium: \$ 598.0	0
Item 7	. Retroactive Date (if ap	plicable): 07/14/2021
Item 8	, ,	adorsements attached: 300 MD (10/15) IL7324 (07/21) 412 (03/17) D42413 (06/17) D42414 (08/19)

D42101 (03/15) Page 1 of 1