

NAVIGATORS INSURANCE COMPANY

THIS IS A CLAIMS MADE INSURANCE POLICY.

THIS POLICY APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. ALL CLAIMS MUST BE REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD OR WITHIN 60 DAYS AFTER THE END OF THE POLICY PERIOD.

PLEASE READ THIS POLICY CAREFULLY.

REAL ESTATE PROFESSIONAL ERRORS AND OMISSIONS INSURANCE POLICY DECLARATIONS

POLICY NUMBER: _____ RENEWAL OF: _____

1. NAMED INSURED:

2. ADDRESS:

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

4. LIMITS OF LIABILITY: \$ Per Claim
\$ Annual Aggregate

5. DEDUCTIBLE: \$

6. PREMIUM: \$
TAXES: \$

7. RETROACTIVE DATE: