



301 E. Fourth Street, Cincinnati, OH 45202

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

THIS IS A CLAIMS MADE INSURANCE POLICY.

THIS POLICY APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED DURING THE POLICY PERIOD. ALL CLAIMS MUST BE REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD OR WITHIN SIXTY (60) DAYS AFTER THE END OF 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: **RAB3875942-17**

Renewal of: **RAB3875942-16**

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

Item 1. **Named Insured:** **Mike Sorg, SRA**

Item 2. **Address:** **6332 Constitution Drive**

City, State, Zip Code: **Ft Wayne, IN 46804**

Attn:

Item 3. **Policy Period:** From 02/01/2017 To 02/01/2018
(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:** (inclusive of claim expenses):
A. \$ 1,000,000 Limit of Liability - Each Claim
B. \$ 1,000,000 Limit of Liability - Policy Aggregate
C. \$ 500,000 Limit of Liability - Fair Housing Claims
D. \$ 500,000 Limit of Liability - Fungi Claims

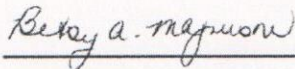
Item 5. **Deductible:** (inclusive of Claim Expense): **\$ 2,500 Each Claim**

Item 6. **Premium:** \$ **606.00**

Item 7. **Retroactive Date** (if applicable): **Unlimited**

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

D43100 (03/15) D43300 IN (05/13)
D43425 (05/13) D43408 (05/13) IL7324 (08/12)


Authorized Representative