

**APPRAISAL, VALUATION AND PROPERTY SERVICES  
PROFESSIONAL LIABILITY INSURANCE POLICY**

**DECLARATIONS**

**Aspen Specialty Insurance Company**

(Referred to below as the "Company")  
590 Madison Avenue, 7th Floor  
New York, NY 10022  
877-245-3510

Date Issued

Policy Number

Previous Policy Number

2/22/2022

ASI004400-07

ASI004400-06

THIS IS A **CLAIMS** MADE AND REPORTED POLICY. COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE **CLAIMS** THAT ARE FIRST MADE AGAINST THE **INSURED** DURING THE **POLICY PERIOD** AND THEN REPORTED TO THE COMPANY IN WRITING NO LATER THAN SIXTY (60) DAYS AFTER EXPIRATION OR TERMINATION OF THIS POLICY, OR DURING THE **EXTENDED REPORTING PERIOD**, IF APPLICABLE, FOR A **WRONGFUL ACT** COMMITTED ON OR AFTER THE **RETROACTIVE DATE** AND BEFORE THE END OF THE **POLICY PERIOD**. PLEASE READ THE POLICY CAREFULLY.

1. Customer ID: 111000  
Named **Insured**:  
APPRAISAL CERTIFIED SERVICES, INC.  
5550 Overseas Highway  
Marathon, FL 33050

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

Robert C. Wiley, Producing & Surplus Lines Agent  
License No.P163531  
1600 Anacapa Street, Santa Barbara, CA 93102  
Tel: (800) 334-0652

**SURPLUS LINES INSURERS'  
POLICY RATES AND FORMS  
ARE NOT APPROVED BY  
ANY FLORIDA REGULATORY AGENCY**

2. **Policy Period:** From: 03/16/2022 To: 03/16/2023  
12:01 A.M. Standard Time at the address stated in 1 above.

3. **Deductible:** \$1000 Each Claim

4. **Retroactive Date:** 03/16/1992

5. **Inception Date:** 03/16/2016

6. **Limits of Liability:** A. \$1,000,000 Each Claim  
B. \$2,000,000 Aggregate

**Subpoena Response:** \$5,000 Supplemental Payment Coverage  
**Pre-Claim Assistance:** \$5,000 Supplemental Payment Coverage  
**Disciplinary Proceeding:** \$7,500 Supplemental Payment Coverage  
**Loss of Earnings:** \$500 per day Supplemental Payment Coverage


7. **Covered Professional Services (as defined in the Policy and/or by Endorsement):**

Real Estate Appraisal and Valuation:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Residential Property:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Commercial Property:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Bodily Injury and Property Damage Caused					
During Appraisal Inspection (\$100,000 Sub-Limit):	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	(If "yes", added by endorsement)
Right of Way Agent and Relocation:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Machinery and Equipment Valuation:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Personal Property Appraisal:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	(If "yes", added by endorsement)
Real Estate Sales/Brokerage:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	(If "yes", added by endorsement)

<p>8. Report <b>Claims</b> to: LIA Administrators &amp; Insurance Services, 800-334-0652, P.O. Box 1319, 1600 Anacapa St, Santa Barbara, California 93101</p>
<p>9. <b>Annual Premium:</b> <b>\$1,316.00</b>  <b>\$65.01 Surplus Lines Tax</b>  <b>\$0.79 FLSO Service Fees</b></p>
<p>10. <b>Forms attached at issue:</b> LIA002S (04/19) ASPCO002 0715 LIA012 (05/19) LIA018 (05/19) LIA119 (05/19) LIA164 (05/19)</p>

This Declarations Page, together with the completed and signed Policy Application including all attachments and exhibits thereto, and the Policy shall constitute the contract between the Named **Insured** and the Company.

02/22/2022  
 \_\_\_\_\_  
 Date

By   
 \_\_\_\_\_  
 Authorized Representative