



PROFESSIONAL LIABILITY INSURANCE POLICY
DECLARATIONS

THIS IS A CLAIMS MADE POLICY. EXCEPT AS OTHERWISE PROVIDED HEREIN, THIS POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY.

THE LIMITS OF LIABILITY AVAILABLE TO PAY INSURED DAMAGES SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIM EXPENSES, UNLESS THE POLICY IS OTHERWISE ENDORSED. AMOUNTS INCURRED FOR CLAIM EXPENSES AND DAMAGES SHALL ALSO BE APPLIED AGAINST THE SELF-INSURED RETENTION, UNLESS THE POLICY IS OTHERWISE ENDORSED.

TERMS THAT APPEAR IN BOLD FACE TYPE, OTHER THAN THE CAPTION TITLES, HAVE SPECIAL MEANING. PLEASE REFER TO SECTION II. DEFINITIONS.

Form with fields for Policy No. (PPL 10001526100), New/Renewal checkboxes, Producer Name and Address (Colemont Insurance Brokers of California, LLC), Item 1 (Company: Endurance American Specialty Insurance Company), Item 2 (Named Insured and Principal Address), Item 3 (Policy Period: Inception and Expiration Dates), and Item 4 (Limits of Liability).

Item 5. Self-Insured Retention:

- (A) Each **Claim**: \$ See Endorsements
- (B) **Policy Period** Aggregate: \$Not Applicable

Item 6. Premium

- (A) Premium: \$Various Per Endorsement
- (B) Earned Minimum Premium: \$Various Per Endorsement

Item 7. Prior And Pending Litigation Date: See Endorsements

Item 8. **Retroactive Date**: See Endorsements

Item 9. **Professional Services** Covered By This Policy: 1031 Exchange Accommodation Services

Item 10. Forms/Endorsements Applicable to Coverage at Inception of Policy: See attached Forms and Endorsement Schedule, PL 0101 0407.

Item 11. Address Notice of Claims To: Endurance U.S. Insurance
 725 South Figueroa Street, Suite 2100
 Los Angeles, CA 90017
 Attention: Senior Vice President of Claims

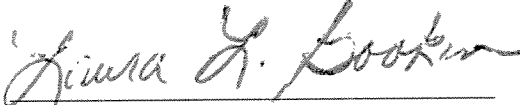
Item 12. **Disciplinary Proceeding** Coverage:

- (A) Each **Disciplinary Proceeding**: \$0
- (B) **Policy Period** Aggregate: \$0

These Declarations, the completed and signed **Application**, and this Policy with Endorsements shall constitute the contract between the **Insured** and the **Company**.

IN WITNESS THEREOF, the **Company** has caused this Policy to be countersigned by a duly authorized representative of the **Company**.

NOTE: SEE ENCLOSED NOTICE FOR "SURPLUS LINES NOTIFICATION"

A handwritten signature in cursive script, appearing to read "Kimbra G. Cooker", written over a horizontal line.

(Authorized Representative)

Issuing Office: San Diego
Issuing Date: 07/15/2009