



ACE Advantage[®] Miscellaneous Professional Liability Policy Declarations

This Policy is issued by the stock insurance company listed above.

THIS POLICY IS A CLAIMS MADE AND REPORTED POLICY. EXCEPT AS OTHERWISE PROVIDED HEREIN, THIS POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD. PLEASE READ THIS POLICY CAREFULLY.

THE LIMITS OF LIABILITY AVAILABLE TO PAY INSURED DAMAGES SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR DAMAGES AND CLAIMS EXPENSES SHALL ALSO BE APPLIED AGAINST THE RETENTION AMOUNT.

TERMS THAT APPEAR IN BOLD FACE TYPE HAVE SPECIAL MEANING. PLEASE REFER TO SECTION II, DEFINITIONS.

Policy No.	-----
Item 1. Named Insured	Principal Address:
Item 2. Policy Period:	From 12:01 a.m. To 12:01 a.m. (Local time at the address shown in Item 1)
Item 3. Limit of Liability (including Claims Expenses)	\$ Each Claim \$ Aggregate Limit \$ Disciplinary Proceeding Claims Expenses Aggregate Limit (in addition to the Each Claim and Aggregate Limits set forth above)
Item 4. Retention	\$ Each Claim
Item 5. Premium	
Item 6. Retroactive Date (if applicable):	
Item 7. Professional Services:	Solely in the performance of providing asset management, 1031 exchange, escrow, foreclosure and short sale, mortgage brokering/banking, property management, and real estate agent/broker services for others for a fee.

Item 8. Notice to **Company**:

A. Notice of **Claim** or **Wrongful Act**:

PO Box 5119
Scranton, PA 18505-0549
First Notices Fax:
215.640.5040 or 1.877.746.4671
General Correspondence Fax:
1.866.635.5688
First Notices Email:
WSGPROFRISKCLAIMS@ACEGROUP.COM

B. All other notices:

Chief Underwriting Officer
Professional Risk Division
ACE Westchester Specialty Group
11575 Great Oaks Way, Suite 200
Alpharetta, GA 30022

Item 9. Optional **Extended Reporting Period**:

Additional Premium:

Additional Period:

Item 10. Endorsements attached upon **Policy** effective date: See attached.

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



DATE: _____

Authorized Representative