

SURPLUS LINES Title Agents Advantage

Professional Liability Insurance

Declarations Page

NOTICE: THIS POLICY IS A CLAIMS-MADE POLICY, PLEASE READ THE POLICY CAREFULLY.

Policy Number L3D H895907 00

The Hanover Atlantic Insurance Company, LTD

C/O Marsh Management Services
Victoria Hall, 11 Victoria Street
PO Box hm 1826
Hamilton, HM 11, Bermuda
(A Stock Insurance Company, herein called the Company)

SURPLUS LINES POLICYHOLDER NOTICE					
Broker Name: NORMAN-SPENCER AGENCY, LLC					
	8075 WASHINGTON VILLA DAYTON, OHIO 45458	GE DRIVE			
Code: 16	602657				
Signature	Est-	7			
issue Dat	e 2/6/2022				
Item 1. NAMED INSURED AND ADDRESS					
	First Montana Title Compar	ny of Hamilto	on, Inc.		
	250 W. Main Street				
	Hamilton MT	598	340		
item 2.	POLICY PERIOD				
	Inception Date:	2/6/2022		Expiration Date:	2/6/2023
	(12:01 AM standard time at the address shown in Item 1.)		• • • • • • • • • • • • • • • • • • • •		
item 3.	LIMIT OF LIABILITY				
		a. b.	\$1,000,000 \$2,000,000	for each Claim; not to exceed for all Claims in the Aggregate	3
			,		
item 4.	SUBLIMITS OF LIABILITY Personal Injury	a.	\$1,000,000	for each Claim; not to exceed	
	r ersonar injury	b.	\$2,000,000	for all Claims in the Aggregate	
item 5.	DEDUCTIBLE	_	£E 000	for each Claim	
		a. b.	\$5,000 \$5,000	for each Claim for all Claims in the Aggregate	9



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Item 6. SUPPLEMENTAL COVERAGE LIMIT AND DEDUCTIBLE

DEDUCTIBLE

Disciplinary Proceedings

\$25,000 \$250,000

in the Aggregate

N/A

Consumer Financial Protection Bureau

in the Aggregate

N/A

Employee Dishonest Acts

\$50,000

in the Aggregate

N/A

Loss of Eamings and Expense Reimbursement

\$500 \$10,000

per Day per Insured in the Aggregate

N/A

item 7. PROFESSIONAL SERVICES

Title Agent, Abstractor/Searcher, Escrow/Closing Services:

\$

Item 8. RETROACTIVE DATE

2/6/2001

Item 9. PREMIUM FOR THE POLICY PERIOD

Annual Policy Premium:

9,146

Premium: \$ 9,146.00

Surplus Lines Tax:\$ 251.52

Policy Fee: Total Premium: \$ 9,497.52

100.00

Total Premium:

9,146

Item 10. ENDORSEMENTS EFFECTIVE AT INCEPTION: See Schedule of Forms attached.