

STOCK COMPANY

PRO GUARD PLATINUM POLICY DECLARATIONS

VALIDUS SPECIALTY

An **AIG** company

POLICY NUMBER: REO0010558

Prior Policy Number: REO0002476

WESTERN WORLD INSURANCE COMPANY TUDOR INSURANCE COMPANY STRATFORD INSURANCE COMPANY

Named Insured and Mailing Address:

Gary L McKinney

Agent/Broker #33601

Premium: \$ 515.00

DBA Mckinney Appraisal Services
PO Box 3963

Kingsport, TN 37664

Producer:

Professionals' Best
6760 University Ave
Suite #250
San Diego , CA 92115

Policy Period: (Mo./Day/Yr.)

From: 08/03/2020

To: 08/03/2021

12:01 AM, standard time at your mailing address shown above.

EXCEPT AS MAY OTHERWISE BE PROVIDED IN THE FOLLOWED POLICY, THIS POLICY MAY APPLY ONLY TO CLAIMS FIRST MADE IN ACCORDANCE WITH THE TERMS, CONDITIONS AND REQUIREMENTS OF THE FOLLOWED POLICY; AND THE LIMIT OF LIABILITY IS REDUCED AND MAY BE EXHAUSTED BY PAYMENT OF DEFENSE COSTS OR CLAIMS FEES AND EXPENSES. PLEASE READ THE FOLLOWED POLICY AND THIS POLICY CAREFULLY.

ITEM 1. PROFESSIONAL SERVICES:

Real Estate Appraisers

ERRORS AND OMISSIONS LIABILITY INSURANCE

ITEM 2. LIMIT OF INSURANCE	Each Claim Limit \$ <u>1,000,000</u>	Aggregate Limit \$ <u>1,000,000</u>
ITEM 3. DEDUCTIBLE	Each Claim \$ <u>500</u>	Aggregate \$ <u>1,000</u>
ITEM 4. RETROACTIVE DATE		<u>8/3/2002</u>
ITEM 5. PREMIUM		\$ <u>515.00</u>

PRO GUARD PLATINUM POLICY DECLARATIONS (continued)

ITEM 6. FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of the Policy at time of issue:

**SEE SCHEDULE OF FORMS AND ENDORSEMENTS AND
THE INSURED'S APPLICATION FOR THIS INSURANCE.**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

WESTERN WORLD INSURANCE GROUP

Western World Insurance Company
Tudor Insurance Company
Stratford Insurance Company

Administrative Office
300 Kimball Drive, Suite 500
Parsippany, New Jersey 07054

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

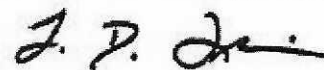

Secretary


President

Countersigned:

07/06/2020 PECKISAA

By:



Authorized Representative