



301 E. Fourth Street, Cincinnati, OH 45202

DECLARATIONS
for
REAL ESTATE PROFESSIONAL
ERRORS & OMISSIONS INSURANCE POLICY

THIS IS A CLAIMS MADE INSURANCE POLICY.

THIS POLICY APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN
INSURED DURING THE POLICY PERIOD. ALL CLAIMS MUST BE REPORTED IN WRITING TO
THE COMPANY DURING THE POLICY PERIOD OR WITHIN SIXTY (60) DAYS AFTER THE END OF
THE POLICY PERIOD.

Insurance is afforded by the company indicated below: (A capital stock corporation)

[X] Great American Assurance Company

Note: The Insurance Company selected above shall herein be referred to as the Company.

Policy Number: RAB4444926-22

Renewal of: RAB4444926-21

Program Administrator: Herbert H. Landy Insurance Agency Inc.
100 River Ridge Drive, Suite 301
Norwood, MA 02062

Item 1. Named Insured: Realty Providers Inc

Item 2. Address: 17742 N 99th Way
City, State, Zip Code: Scottsdale, AZ 85255
Attn:

Item 3. Policy Period: From 09/15/2022 To 09/15/2023
(Both dates at 12:01 a.m. Standard Time at the address of the Named Insured as stated in Item 2.)

Item 4. Limits of Liability: (inclusive of claim expenses):
A. \$ 1,000,000 Limit of Liability - Each Claim
B. \$ 1,000,000 Limit of Liability - Policy Aggregate
C. \$ 1,000,000 Limit of Liability - Fair Housing Claims
D. \$ 500,000 Limit of Liability - Fungi Claims

Item 5. Deductible: (inclusive of Claim Expense): \$ 2,500 Each Claim

Item 6. Premium: \$ 967.00

item 7. Retroactive Date (if applicable): Unlimited

Item 8. Forms, Notices and Endorsements attached:
D43100 (08/19) D43300 AZ (05/13) D43444 (03/17) D43442 (03/15)
D43411 (05/13) D43447 (06/17) D43448 (06/17) D43431 (05/13)
D43432 (05/13) D43425 (05/13) IL7324 (07/21)

Handwritten signature: Betty A. Magnuson
Authorized Representative