

# LLOYD'S

Declarations Page  
Real Estate Appraisers E&O Program

CERTIFICATE NO. 10REALPC-00135

BINDING AUTHORITY: B0595EL0421902010

Item 1a. **Insured Member:** William A. Larick Appraisal Associates of Alaska  
**Mailing Address:** 750 East Fireweed Lane, Ste. 101, Anchorage, AK 99503

Item 2. **PERIOD OF INSURANCE:** **FROM:** 01/18/2011 **TO:** 01/18/2012  
12:01AM STANDARD TIME AT THE ADDRESS SHOWN IN NUMBER 1 ABOVE.

Item 3. **LIMIT OF LIABILITY:** a) \$ 1,000,000 **Each Claim, Includes Claims Expenses**  
b) \$ 1,000,000 **Annual Aggregate, Includes Claims Expenses**

Item 4. **DEDUCTIBLE:** \$ 500 **Each Claim deductible - Includes Claims Expenses**

Item 5. **PREMIUM U. S.:** \$ 521.00 Gross Premium  
\$ 15.42 AK Surplus Lines Tax  
\$ 5.71 AK Stamp Tax  
\$ 50.00 Processing Fee  
\$. 592.13 Total Premium

Item 6. **RETROACTIVE DATE:** 01/18/2011  
Item 7. **NOTICE OF CLAIM TO:** Premier Claims Management, LLC  
2020B North Tustin Avenue  
Santa Anna, CA 92705  
888-683-2266 (p)  
866-885-4047 (f)  
www.premierclaimsllc.com

*In the event of a claim under the Master Policy or any circumstances likely to give rise to a claim, the Insured shall have the duty to immediately give notice to the entity specified above.*

Item 8. **NOTICE OF ELECTION:** 5 Star Specialty Programs  
303 W. Madison, Suite 700 Chicago, IL 60606  
Tel: 312/855-2045 Fax: 866/720-5003

**SPECIAL CONDITIONS:** as per attached form list

ARC 2010 Dec Page / Non RPG Date Typed: 01/25/  
V. (09/10)

  
Correspondent