

Title Agents, Abstractors & Escrow Agents

Errors & Omissions Liability Insurance Policy

DECLARATIONS

Certain Underwriters at Lloyd's, London

Agreement No: B1180D200678

Certificate Number: AMS-0055406

Renewal of Certificate Number: AMS-0055405

This is a Claims-Made and Reported Policy. Subject to its terms and conditions, this Policy only covers **Claims** first made against the **Insured** during the **Policy Period** or **Extended Reporting Period**, if applicable, and reported to the Insurer in writing during the **Policy Period**, but in no event later than thirty (30) days after expiration or termination of this Policy, or during the **Extended Reporting Period**, if applicable. **Claims Expenses** are included within, and will reduce, the Limits of Liability. Please read the entire Policy carefully, and consult with your broker/agent or other professional to the extent you do not understand any terms or conditions of this Policy.

Item 1. **NAMED INSURED - NAME AND ADDRESS:**

GPN Title Inc
700 King Farm Blvd #130
Rockville, MD 20850

Description of Business: Closing / Escrow Agent, Signing Agent / Witness Closer, Title Agent

Item 2. **POLICY PERIOD:**

(A) Inception Date: 7/30/2020
(B) Expiration Date: 7/30/2021
at 12:01 a.m. both dates at the Address set forth in Item 1.

Item 3. **LIMITS OF LIABILITY (INCLUSIVE OF CLAIMS EXPENSES):**

Limits of Liability are:

(A) Each **Claim:** \$1,000,000
(B) Maximum Policy Aggregate: \$1,000,000

Subject to Extensions of Coverage and Sublimits summarized on Page 3 of Declarations.

Item 4. **DEDUCTIBLE (SUBJECT TO CLAIMS EXPENSES):**

(A) Each **Claim:** \$ 10,000

Item 5. **RETROACTIVE DATE:**

Retroactive Date: 7/30/2009

Item 6. **RATES/PREMIUM:**

Item 7. **INSURANCE IS EFFECTIVE WITH CERTAIN UNDERWRITERS AT LLOYD'S, LONDON:**

<u>Syndicate</u>	<u>Percentage</u>	<u>Syndicate</u>	<u>Percentage</u>
2001	30.000%	2623	11.255%
609	21.503%	1729	7.321%
1225	13.725%	623	2.471%
727	13.725%		

Item 8. **ADDITIONAL PREMIUM FOR OPTIONAL EXTENDED REPORTING PERIOD:**

OPTIONAL EXTENDED REPORTING PERIOD ("ERP")

One (1) Year Option ERP:	100% of Named Insured's last Annual Premium
Two (2) Year Option ERP:	150% of Named Insured's last Annual Premium
Three (3) Year Option ERP:	200% of Named Insured's last Annual Premium
Four (4) Year Option ERP:	225% of Named Insured's last Annual Premium
Five (5) Year Option ERP:	250% of Named Insured's last Annual Premium

Item 9. **FORMS & ENDORSEMENTS:**

Forms and Endorsements made a part of this Policy at time of issue:
NMA2868, AMS DEC 12/17, AMS POL 12/17, LSW1135B, NMA1998, NMA2918, NMA1331,
NMA1256, LSW1001, NMA1477, LMA3100

Item 10. **SERVICE OF SUIT:**

Messrs, Mendes & Mount
750 Seventh Ave
New York, New York 10019-6829

Item 11. **NOTICE OF CLAIM:**

In the event of a **Claim**, notice should be sent to:

Lancer Claims Services
681 South Parker, Suite 300
Orange, CA, 92868
Attention: Financial Services Professional Liability Department

This insurance is issued by a nonadmitted insurer not under the jurisdiction of the Maryland Insurance Commissioner.

This Declarations page, together with the **Application** for this Policy, the attached Policy form and all Endorsements thereto, shall constitute the contract between the Insurer and the **Insured**. The Policy is valid only if signed below by a duly authorized representative of the Insurer.

In witness whereof, the Insurer issuing this Policy has caused this Policy to be signed by its authorized officers, but it shall not be valid unless also signed by a duly authorized representative of the Insurer.

7/30/2020

Date



Authorized Representative