

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

Policy Number

L3D-J084937-03

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

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

Broker Name: Norman-Spencer Agency, LLC

Address: 10050 Innovation Drive, Suite 340,
Miamisburg, OH 45342

Code: 1602657

Signature:



BROKER STAMP

Premium:

Surplus Lines Tax

Surplus Lines Stamping Fee

Filing Fee

Total:

Issue Date 07/29/2025

Item 1. NAMED INSURED AND ADDRESS

GPN Title Inc
700 KING FARM BLVD STE 130
ROCKVILLE, MD 20850

Item 2. POLICY PERIOD

Inception Date: 07/30/2025 Expiration Date: 07/30/2026
(12:01 AM standard time at the address shown in Item 1.)

Item 3. LIMIT OF LIABILITY

- a. \$1,000,000 for each **Claim**; not to exceed
- b. \$1,000,000 for all **Claims** in the Aggregate

Item 4. SUBLIMITS OF LIABILITY

- Personal Injury
- a. \$1,000,000 for each **Claim**; not to exceed
 - b. \$1,000,000 for all **Claims** in the Aggregate

Item 5. DEDUCTIBLE

- a. \$10,000 each **Claim**
- b. N/A for all **Claims** in the Aggregate

Item 6. SUPPLEMENTAL COVERAGE LIMIT AND DEDUCTIBLE

	LIMIT	DEDUCTIBLE
Disciplinary Proceedings	\$25,000 in the Aggregate	n/a
Consumer Financial Protection Bureau Defense	\$250,000 in the Aggregate	n/a
Employee Dishonest Acts	\$50,000 in the Aggregate	n/a
Loss of Earnings and Expense	\$500 per Day per Insured	n/a
Reimbursement	\$10,000 In the Aggregate	

Item 7. PROFESSIONAL SERVICES

Title Agent, Abstractor/Searcher, Escrow/Closing Services

Item 8. RETROACTIVE DATE

07/30/2009

Item 9. PREMIUM FOR THE POLICY PERIOD

Total Premium:

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

Item 11. NOTICE TO INSURER

Report a claim to the Company as required by Section G. Duties in the Event of Claim(s) or Potential Claim(s) to:

www.hanover.com/report-claim-online

The Hanover Atlantic Insurance Company, LTD

Care of: The Hanover Insurance Company

440 Lincoln Street
Worcester, MA 01653

National Claims Telephone Number: 508.855.6281

Facsimile: 508.635.1868

Email: proclaim@hanover.com

The Hanover Atlantic Insurance Company, Ltd.
C/O Marsh Management Services
Victoria Hall, 11 Victoria Street
PO Box hm 1826
Hamilton, HM 11, Bermuda
Tel 301-495-7722

THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ABOVE.

In Witness Whereof, The Hanover Atlantic Insurance Company, Ltd. has caused this policy to be executed by is duly authorized officers.



Bryan Salvatore
President



Nathaniel W. Clarkin
Treasurer