

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)

Great American Assurance Company

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

Policy Number: **RAB4444406-18**

Renewal of: **RAB4444406-17**

Program Administrator: **Herbert H. Landy Insurance Agency Inc.**
75 Second Ave Suite 410
Needham, MA 02494-2876

Item 1. **Named Insured:** **Highlight Realty**

Item 2. **Address:** **5323 Lakeworth Rd**
City, State, Zip Code: **Lakeworth, FL 33463**
Attn:

Item 3. **Policy Period:** From 05/08/2018 To 05/08/2019
(Month, Day, Year) (Month, Day, Year)
(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:**

- A. \$ 1,000,000 Limit of Liability - Each Claim
- B. \$ 1,000,000 Limit of Liability - Policy Aggregate
- C. \$ 500,000 Limit of Liability - Fair Housing Claims (inclusive of Claim Expenses)
- D. \$ 500,000 Limit of Liability - Fungi Claims (inclusive of Claim Expenses)

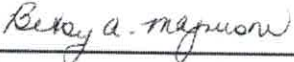
Item 5. **Deductible: (inclusive of Claim Expense): \$ 1,500 Each Claim**

Item 6. **Premium: S 1,572.00**

item 7. **Retroactive Date (if applicable): 05/08/2007**

Item 8. **Forms, Notices and Endorsements attached:**

D43100 (03/15) D43300 FL (05/13)
D43444 (03/17) D43447 (06/17) D43448 (06/17)
IL7324 (08/12)


Authorized Representative