



PROFESSIONAL LIABILITY POLICY DECLARATIONS
(Claims-Made and Reported Form)

Landmark American Insurance Company

(A New Hampshire Stock Co.)
(hereinafter called "the Company")

EXECUTIVE OFFICES: 945 East Paces Ferry Road, Suite 1800, Atlanta, GA 30326

Policy Number: LHR852813

RENEWAL OF: NEW

Named Insured and Mailing Address:

Producer Name:

SHARP RESEARCH CORPORATION; SRC FORECLOSURES, INC.
31-10 37TH AVENUE
SUITE 203
LONG ISLAND CITY, NY 11101

Policy Period: From: 11/14/2023 To: 11/14/2024 at 12:01 A.M. Standard Time at the Named Insured address as stated herein.

IN CONSIDERATION OF THE PAYMENT OF THE PREMIUM, IN RELIANCE UPON THE STATEMENTS HEREIN OR ATTACHED HERETO, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANY AGREES WITH THE NAMED INSURED AS FOLLOWS:

- 1. **NAMED INSURED'S PROFESSIONAL SERVICES:** TITLE INSURANCE AGENT, TITLE SEARCHER/ABTRACTOR AND ESCROW/CLOSING AGENT
- 2. **LIMITS OF LIABILITY:** \$ 1,000,000 **Each Claim**
\$ 1,000,000 **Aggregate Limit**
- 3. **DEDUCTIBLE:** \$ 5,000 **Each Claim**
- 4. **RETROACTIVE DATE:** See Additional Retroactive Date Amendatory Endorsement
- 5. **PREMIUM:** \$ XXXX.XX Not Subject to Audit

6. **FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION:**

See attached forms list.

THESE DECLARATIONS TOGETHER WITH A SIGNED COPY OF THE NAME INSURED'S APPLICATION FOR THIS POLICY, COVERAGE FORM(S), FORMS AND ENDORSEMENTS, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

NOTICE: THIS IS A CLAIMS-MADE AND REPORTED POLICY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE AFFORDED BY THE POLICY WITH YOUR INSURANCE AGENT OR BROKER.

October 13, 2023
Date

By: 
Authorized Representative

SubIdID#: 626094 BinderID#
Created By: MS