

# Real Estate Appraisers Professional Liability



**Liberty**  
**Surplus Insurance Corporation**  
 Member of Liberty Mutual Group

Date Issued	Policy Number	Previous Policy Number
08/24/2012	LSI005103-011	LSI005103-010

## LIBERTY SURPLUS INSURANCE CORPORATION

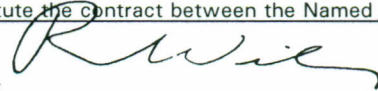
(A Stock Insurance Company, hereinafter the "Company")  
 175 Berkeley Street  
 Boston, MA 02117

THIS IS A CLAIMS MADE AND REPORTED POLICY. PLEASE READ IT CAREFULLY.

### Item DECLARATIONS

<p>1. <b>Customer ID:</b> 146554  <b>Named Insured:</b>          HESS APPRAISAL CO., INC.          Alden E. Hess          1505 St. Clairs Creek Road          Chilhowie, VA 24319</p>	<p>This contract is a surplus lines contract, and is not protected by the Virginia Guarantee Fund.</p>
<p>2. <b>Policy Period:</b>  <b>From:</b> 09/14/2012                      <b>To:</b> 09/14/2013          12:01 A.M. Standard Time at the address stated in Item 1.</p>	
<p>3. <b>Deductible:</b> \$1,000                      Each Claim</p>	
<p>4. <b>Retroactive Date:</b>                      09/14/1999</p>	
<p>5. <b>Inception Date:</b>                      09/14/2002</p>	
<p>6. <b>Limits of Liability:</b>          A. \$500,000                      Each Claim          B. \$1,000,000                      Aggregate</p>	<p><b>The Limit of Liability for Each Claim and in the Aggregate is reduced by Damages and Claims Expenses as defined in the Policy.</b></p>
<p>7. <b>Mail All Notices to Agent:</b></p>	<p>LIA Administrators &amp; Insurance Services          1600 Anacapa Street          Santa Barbara, California 93101          (805) 963-6624; Fax: (805) 962-0652</p>
<p>8. <b>Annual Premium:</b>                      \$739.00</p>	
<p>9. <b>Number of Appraisers:</b>                      1</p>	
<p>10. <b>Forms attached at issue:</b>                      LIA002S (10/11) LIA012 (08/11) LIA020 (03/10) SC-9 (05/11)</p>	

This Declarations Page together with the completed and signed Policy Application including all attachments and exhibits thereto, and the Real Estate Appraisers Professional Liability Insurance Policy shall constitute the contract between the Named Insured and the Company.

  
 By \_\_\_\_\_  
 Authorized Signature