



**GENERAL STAR NATIONAL INSURANCE COMPANY**  
**Financial Centre**  
**P.O. Box 10360**  
**Stamford, Connecticut 06904-2360**

**REAL ESTATE APPRAISERS ERRORS & OMISSIONS INSURANCE POLICY**

**DECLARATIONS PAGE**

This is a claims made and reported policy. Please read this policy and all endorsements and attachments carefully.

Policy Number: NJA813937

Renewal of Number:

**1. NAMED INSURED:** Susan Wall  
**STREET ADDRESS:** 13 Western Avenue  
 Gloucester, MA 01930

**2. POLICY PERIOD:** Inception Date: 05/27/2009 Expiration Date: 05/27/2010  
 Effective 12:01 a.m. Standard Time at the address of the Named Insured.

**3. LIMIT OF LIABILITY:**  
 Each Claim: \$ 500,000  
 Aggregate: \$1,000,000  
**Claim Expenses** have a separate Limit of Liability:  
 Each Claim: \$ 500,000  
 Aggregate: \$1,000,000

**4. DEDUCTIBLE:** Each Claim: \$500.00 Aggregate: \$1,000.00

**5. RETROACTIVE DATE:** 11/30/2008

If a date is indicated, this policy will not provide coverage for any **Claim** arising out of any act, error, omission or personal injury which occurred before such date.

**6. ANNUAL PREMIUM:** \$ 546.00

**7. ENDORSEMENTS:**  
 This policy is made and accepted subject to the printed policy form together with the following form(s) or endorsement(s).

GSN-07-AP-122(07/2007)

GSN-07-AP-201 (06/2007) GSN-07-AP-375 (10/2007)

**8. MANAGING AGENT**  
 Herbert H. Landy Insurance Agency, Inc.  
 75 Second Avenue, Suite 410

Needham, Massachusetts 02494-2876

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 Authorized Representative