

NAVIGATORS INSURANCE COMPANY

THIS IS A CLAIMS MADE INSURANCE POLICY.

THIS POLICY APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. ALL CLAIMS MUST BE REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD OR WITHIN 60 DAYS AFTER THE END OF THE POLICY PERIOD.

PLEASE READ THIS POLICY CAREFULLY.

**REAL ESTATE PROFESSIONAL ERRORS AND OMISSIONS INSURANCE POLICY
DECLARATIONS**

POLICY NUMBER: PH11REL117280IV **RENEWAL OF:** _____

- 1. **NAMED INSURED:** Timothy S. Trahan
- 2. **ADDRESS:** 35 Eddy St
North Attleboro, MA 02760
- 3. **POLICY PERIOD: FROM:** 10/02/2011 **TO:** 10/02/2012
12:01 A.M. Standard Time at the address of the **Named Insured** as stated in Number 2 above.
- 4. **LIMITS OF LIABILITY:** (Inclusive of claim expenses):
A. \$ 500,000 Limit of Liability - Each Claim
B. \$1,000,000 Limit of Liability - Policy Aggregate
- 5. **DEDUCTIBLE:** (Inclusive of claim expense): \$ 2,500 Each Claim
- 6. **PREMIUM:** \$ 852.00
- 7. **RETROACTIVE DATE:** 10/02/2011
- 8. **FORMS ATTACHED:** NAV REL NIC PF (02 11) NAV REL 300 MA (02 11)
NAV REL 025 (02 11) NAV REL 002 (02 11) NAV REL 019 (02 11)

PROGRAM ADMINISTRATOR:

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

