

**APPRAISAL, VALUATION AND PROPERTY SERVICES
PROFESSIONAL LIABILITY INSURANCE POLICY**

DECLARATIONS

Aspen American Insurance Company

(Referred to below as the "Company")
590 Madison Avenue, 7th Floor
New York, NY 10022
877-245-3510

Date Issued

Policy Number

Previous Policy Number

3/3/2021

AAI005962-06

AAI005962-05

THIS IS A **CLAIMS MADE AND REPORTED POLICY**. COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE **CLAIMS** THAT ARE FIRST MADE AGAINST THE **INSURED** DURING THE **POLICY PERIOD** AND THEN REPORTED TO THE COMPANY IN WRITING NO LATER THAN SIXTY (60) DAYS AFTER EXPIRATION OR TERMINATION OF THIS POLICY, OR DURING THE **EXTENDED REPORTING PERIOD**, IF APPLICABLE, FOR A **WRONGFUL ACT** COMMITTED ON OR AFTER THE **RETROACTIVE DATE** AND BEFORE THE END OF THE **POLICY PERIOD**. PLEASE READ THE POLICY CAREFULLY.

- | | | | |
|----|---------------------------------|------------------------------------------------------------|----------------|
| 1. | Customer ID: | 114476 | |
| | Named Insured: | JOHNSON APPRAISAL GROUP, PLLC | |
| | | Howard C. Johnson | |
| | | P.O. Box 971 | |
| | | Queen Creek, AZ 85142 | |
| 2. | Policy Period: From: | 03/26/2021 | To: 03/26/2022 |
| | | 12:01 A.M. Standard Time at the address stated in 1 above. | |
| 3. | Deductible: | \$1000 | Each Claim |
| 4. | Retroactive Date: | 03/26/2002 | |
| 5. | Inception Date: | 03/26/2016 | |
| 6. | Limits of Liability: | A. \$1,000,000 | Each Claim |
| | | B. \$2,000,000 | Aggregate |
| | Subpoena Response: | \$5,000 Supplemental Payment Coverage | |
| | Pre-Claim Assistance: | \$5,000 Supplemental Payment Coverage | |
| | Disciplinary Proceeding: | \$7,500 Supplemental Payment Coverage | |
| | Loss of Earnings: | \$500 per day Supplemental Payment Coverage | |

7. **Covered Professional Services (as defined in the Policy and/or by Endorsement):**


- | | | | | | |
|----------------------------------------------------|-----|-------------------------------------|----|-------------------------------------|----------------------------------|
| Real Estate Appraisal and Valuation: | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | |
| Residential Property: | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | |
| Commercial Property: | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | |
| Bodily Injury and Property Damage Caused | | | | | |
| During Appraisal Inspection (\$100,000 Sub-Limit): | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | (If "yes", added by endorsement) |
| Right of Way Agent and Relocation: | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | |
| Machinery and Equipment Valuation: | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | |
| Personal Property Appraisal: | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | (If "yes", added by endorsement) |
| Real Estate Sales/Brokerage: | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | (If "yes", added by endorsement) |

<p>8. Report Claims to: LIA Administrators & Insurance Services, 800-334-0652, P.O. Box 1319, 1600 Anacapa St, Santa Barbara, California 93101</p>
<p>9. Annual Premium: \$1,435.00</p>
<p>10. Forms attached at issue: LIA002 (04/19) LIA AZ (05/19) LIA012 (05/19) LIA018 (05/19) LIA020 (05/19) LIA125 (05/19) LIA131 (05/19) LIA164 (05/19)</p>

This Declarations Page, together with the completed and signed Policy Application including all attachments and exhibits thereto, and the Policy shall constitute the contract between the Named **Insured** and the Company.

03/03/2021

 Date

By 

 Authorized Representative

Appraisal, Valuation and Property Services Professional Liability Insurance Policy

Named Insured: JOHNSON APPRAISAL GROUP, PLLC
Howard C. Johnson

Policy Number: AAI005962-06
Effective Date: 03/26/2021
Customer ID: 114476

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL COVERED PROFESSIONALS ENDORSEMENT

In consideration of the premium charged, it is agreed that Section IV. **DEFINITIONS (I) "Insured"** is amended to include:

"Insured" means:

The persons identified below, but only while acting on behalf of the Named **Insured**:

Name	Coverage Effective Date
Howard C. Johnson	03/26/2021

All other terms, conditions, and exclusions of this Policy remain unchanged.