

**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

2/22/2022

AAI005962-07

AAI005962-06

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: 03/26/2022 To: 03/26/2023
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: \$1,342.00</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.

02/22/2022

 Date

By 

 Authorized Representative

Appraisal, Valuation and Property Services Professional Liability Insurance Policy

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

Policy Number: AAI005962-07
Effective Date: 03/26/2022
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	03/26/2022

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

CERTIFICATE OF INSURANCE

Producer:

LIA ADMINISTRATORS & INSURANCE SERVICES
P.O. Box 1319
Santa Barbara, CA 93102-1319

Issue Date: 02/22/2022

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policy below.

Insured: 114476
JOHNSON APPRAISAL GROUP, PLLC
Howard C. Johnson
PO Box 971
Queen Creek, AZ 85142

Fax Number: 480-782-8409

COMPANY AFFORDING COVERAGE

Aspen American Insurance Company



Authorized Representative

This is to certify that the policy of insurance listed below has been issued to the Insured named above for the policy period indicated. Notwithstanding any requirement, term of condition of any contract or other document with respect to which this Certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. Limits shown may have been reduced by paid claims.

DISCLAIMER: This certificate of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.

TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
Professional Liability	AAI005962-07	03/26/2022	03/26/2023	Each Claim General Aggregate	\$ 1,000,000 \$ 2,000,000

Description of Operations/Locations/Special Items:

Professional Services as defined in the policy

Certificate Holder:
JOHNSON APPRAISAL GROUP, PLLC
Howard C. Johnson
PO Box 971
Queen Creek, AZ 85142

Cancellation:
**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES
BE CANCELLED BEFORE THE EXPIRATION DATE
THEREOF, NOTICE WILL BE DELIVERED IN
ACCORDANCE WITH THE POLICY PROVISIONS.**

Department of Insurance and Financial Institutions

State of Arizona

CRA - 1003659

This document is evidence that:

JACOB C JOHNSON

has complied with the provisions of

Arizona Revised Statutes, relating to the establishment and operation of a:

Certified Residential Real Estate Appraiser

and that the Superintendent of Financial Institutions of the State of Arizona has granted this license to transact the business of a:

Certified Residential Real Estate Appraiser

JACOB C JOHNSON

This license is subject to the laws of Arizona and will remain in full force and effect until surrendered, revoked or suspended as provided by law.

Expiration Date : **August 31, 2023**

**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

12/17/2021

AAI007717-06

AAI007717-05

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.

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| 1. | Customer ID: 169038
Named Insured :
JOHNSON, JACOB APPRAISER LLC
Jacob Johnson
26120 South 207th Place
Queen Creek, AZ 85142 |
| 2. | Policy Period: From: 12/31/2021 To: 12/31/2022
12:01 A.M. Standard Time at the address stated in 1 above. |
| 3. | Deductible: \$1000 Each Claim |
| 4. | Retroactive Date: 12/31/2016 |
| 5. | Inception Date: 12/31/2016 |
| 6. | Limits of Liability: A. \$300,000 Each Claim
B. \$300,000 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 type="checkbox"/> | No | <input checked="" 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 type="checkbox"/> | No | <input checked="" 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: \$619.00</p>
<p>10. Forms attached at issue: LIA002 (04/19) LIA AZ (05/19) LIA012 (05/19) LIA018 (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.

12/17/2021

 Date

By 

 Authorized Representative

Appraisal, Valuation and Property Services Professional Liability Insurance Policy

Named Insured: JOHNSON, JACOB APPRAISER LLC
Jacob Johnson

Policy Number: AAI007717-06
Effective Date: 12/31/2021
Customer ID: 169038

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:

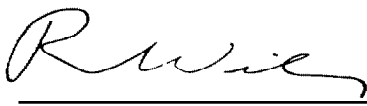
The persons identified below, but only while acting on behalf of the Named **Insured**:

Name	Coverage Effective Date
Jacob Johnson	12/31/2021

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

CERTIFICATE OF INSURANCE

Producer: LIA ADMINISTRATORS & INSURANCE SERVICES P.O. Box 1319 Santa Barbara, CA 93102-1319	Issue Date: 12/17/2021 This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policy below.
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Insured: 169038 JOHNSON, JACOB APPRAISER LLC Jacob Johnson 26120 South 207th Place Queen Creek, AZ 85142 Fax Number: 000-000-0000	<p><u>COMPANY AFFORDING COVERAGE</u></p> <p>Aspen American Insurance Company</p>  _____ Authorized Representative
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This is to certify that the policy of insurance listed below has been issued to the Insured named above for the policy period indicated. Notwithstanding any requirement, term of condition of any contract or other document with respect to which this Certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. Limits shown may have been reduced by paid claims.

DISCLAIMER: This certificate of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.

TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
Professional Liability	AAI007717-06	12/31/2021	12/31/2022	Each Claim	\$ 300,000
				General Aggregate	\$ 300,000

Description of Operations/Locations/Special Items:
Professional Services as defined in the policy

Certificate Holder: JOHNSON, JACOB APPRAISER LLC Jacob Johnson 26120 South 207th Place Queen Creek, AZ 85142	<p>Cancellation: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
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301 E. Fourth Street, Cincinnati, OH 45202

DECLARATIONS
for
REAL ESTATE APPRAISERS
ERRORS & OMISSIONS INSURANCE POLICY

THIS IS BOTH A CLAIMS MADE AND REPORTED INSURANCE POLICY.

THIS POLICY APPLIES TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD.

Insurance is afforded by the company indicated below: (A capital stock corporation)

[X] Great American Assurance Company

Note: The Insurance Company selected above shall herein be referred to as the Company.

Policy Number: RAP3368422-21 Renewal of: RAP3368422-20

Program Administrator: Herbert H. Landy Insurance Agency Inc.
100 River Ridge Drive, Suite 301 Norwood, MA 02062

Item 1. Named Insured: Susan D. Johnson

Item 2. Address: 26120 S. 207th Place
City, State, Zip Code: Queen Creek, AZ 85142

Item 3. Policy Period: From 09/27/2021 To 09/27/2022
(Both dates at 12:01 a.m. Standard Time at the address of the Named Insured as stated in Item 2.)

Item 4. Limits of Liability:

- A. \$ 500,000 Damages Limit of Liability - Each Claim
B. \$ 500,000 Claim Expenses Limit of Liability - Each Claim
C. \$ 1,000,000 Damages Limit of Liability - Policy Aggregate
D. \$ 1,000,000 Claim Expenses Limit of Liability - Policy Aggregate

Item 5. Deductible (Inclusive of Claim Expenses):

- A. \$ 0.00 Each Claim
B. \$ 0.00 Aggregate

Item 6. Premium: \$ 817.00

Item 7. Retroactive Date (if applicable): 09/27/2010

Item 8. Forms, Notices and Endorsements attached:

D42100 (03/15) D42300 AZ (05/13) IL7324 (08/12)
D42402 (05/13) D42408 (05/13) D42412 (03/17) D42413 (06/17)
D42414 (08/19)

Handwritten signature: Betty A. Johnson
Authorized Representative

Department of Insurance and Financial Institutions

State of Arizona

CRA - 21455

SUSAN D. JOHNSON

has complied with the provisions of

This document is evidence that:

Arizona Revised Statutes, relating to the establishment and operation of a:

Certified Residential Real Estate Appraiser

and that the Superintendent of Financial Institutions of the State of Arizona has granted this license to transact the business of a:

Certified Residential Real Estate Appraiser

SUSAN D. JOHNSON

This license is subject to the laws of Arizona and will remain in full force and effect until surrendered, revoked or suspended as provided by law.

Expiration Date : **November 30, 2022**