

GENERAL STAR INDEMNITY COMPANY
FINANCIAL CENTRE, P.O. BOX 10354
STAMFORD, CONNECTICUT 06904-2354
(Home Office)
(A stock insurance Company, herein called the Company)

NOTICE

THIS IS A CLAIMS MADE AND REPORTED FORM
REAL ESTATE PROFESSIONAL LIABILITY INSURANCE POLICY
CLAIMS MADE

THIS REAL ESTATE PROFESSIONAL LIABILITY POLICY PROVIDES COVERAGE ON A **CLAIMS-MADE** AND REPORTED BASIS. THE COVERAGE PROVIDED BY THIS POLICY IS LIMITED TO ONLY THOSE CLAIMS WHICH ARISE FROM PROFESSIONAL SERVICES RENDERED AFTER THE RETROACTIVE DATE STATED IN THE DECLARATIONS AND WHICH ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO US DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD.

PLEASE REVIEW THE POLICY CAREFULLY. THIS POLICY CONTAINS IMPORTANT EXCLUSIONS AND CONDITIONS. ALL WORDS OR PHRASES (OTHER THAN CAPTIONS) THAT ARE PRINTED IN BOLD FACE ARE DEFINED IN THE POLICY. PLEASE DISCUSS ANY QUESTIONS CONCERNING THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

WHAT TO DO IN CASE OF A CLAIM

In the event you directly or indirectly become involved in a professional liability **claim**, you should immediately report the details in writing to either your agent / broker or to:

General Star Management Company
123 N. Wacker Drive
Chicago, IL 60606

Fax: 312-267-8520
Attn: Professional Liability Claims

Note: Failure to promptly report a **claim** could jeopardize your policy.

IMPORTANT

This policy is not effective unless a Declarations page is issued.

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**REAL ESTATE AGENTS ERRORS AND OMISSIONS CLAIMS-MADE INSURANCE POLICY
THIS IS A CLAIMS-MADE POLICY. PLEASE REVIEW THE POLICY CAREFULLY.**

THE POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD OPTION APPLIES.

GENERAL STAR INDEMNITY COMPANY, hereinafter called the Company, agrees with the **Named Insured** as shown in the Declarations which are made a part of this policy; in consideration of the payment of the premium, and in reliance upon the statements on the application and the Declarations Page and subject to the limit of liability, exclusions, conditions and other terms of this policy, as follows:

INSURING AGREEMENTS

SECTION I -- COVERAGE

The Company will pay on behalf of the **Insured** all sums which the **Insured** shall become legally obligated to pay as **Damages for Claims** first made against the **Insured** during the **Policy Period** and first reported to the Company in writing during the **Policy Period** or within sixty (60) days thereafter, arising out of any act, error, omission or **Personal Injury** in the rendering of or failure to render **Professional Services** by an **Insured** covered under this policy; provided always that such act, error, omission or **Personal Injury** happens:

- A. during the **Policy Period**; or
- B. prior to the **Policy Period** provided that:
 - 1. such act, error, omission or **Personal Injury** happened on or after the Prior Acts Date as indicated on the Declarations Page of this policy; and
 - 2. at the inception of this policy the **Insured** had no reasonable basis to believe that any **Insured** had breached a professional duty and no reasonable basis to believe an act, error or omission might be expected to result in a **Claim** or **Suit**.

The Company shall have the right and duty to defend any **Suit** against the **Insured** seeking **Damages** to which this insurance applies even if any of the allegations of the **Suit** are groundless, false or fraudulent. However, the Company shall have no duty to defend the **Insured** against any **Suit** seeking **Damages** to which this insurance does not apply. For covered **Claims**, the Company, at its option, shall select and assign defense counsel; however, the **Insured** may engage additional counsel, solely at their own expense, to associate in the defense of any covered **Claim**. The **Insured** shall not assume any obligations, incur any costs, charges, or expenses or enter into any settlement without the Company's consent.

The Company shall also have the right to investigate any **Claim** and negotiate the settlement, as it deems expedient, but the Company shall not commit the **Named Insured** to any settlement without the **Named Insured's** consent. If the **Named Insured** refuses to consent to any settlement recommended by the Company, and elects to contest the **Claim** or continue any legal proceedings in connection with such **Claim**, then the Company shall be relieved of any further duty to defend the **Claim**, and the liability of the Company for **Damages** and **Claims Expenses** shall not exceed the amount for which the **Claim** could have been settled, as well as the **Claims Expenses** incurred by the Company or with the Company's consent up to the date of such refusal.

In the event that:

- A. Item 4.a. of the Declarations Page is applicable to this policy, **Claims Expenses** shall be part of, and not in addition to, the Limits of Liability specified in Item 3. of the Declarations Page; or
- B. Item 4.b. of the Declarations Page is applicable to this policy, **Claims Expenses** shall be in addition to the Limits of Liability specified in Item 3. of the Declarations Page and shall be limited to amounts equal to the respective "each **Claim**" and "aggregate" Limits of Liability in Item 3. of the Declarations Page.

In no event shall the Company be obligated to pay **Damages** or **Claims Expenses** or to defend, or continue to defend, any **Suit** after the applicable limit of the Company's liability has been exhausted by payments of **Damages** or **Claims Expenses**.

SECTION II -- PERSONS INSURED

Each of the following is an **Insured** under this policy to the extent set forth below:

- A. If the **Named Insured** is designated as an independent contractor in Item 5. of the Declarations Page, then coverage is only afforded to the individual designated as the **Named Insured** in Item 1. of the Declarations Page;
- B. If the **Named Insured** is designated as a sole proprietorship in Item 5. of the Declarations Page, then the **Named Insured** designated in Item 1. of the Declarations Page and any current or former employee, **Salesperson** or agent of the **Named Insured** is an **Insured**, but only while acting on behalf of the **Named Insured** and within the scope of their duties as such;
- C. If the **Named Insured** is designated as a partnership, or **Limited Liability Partnership/ Corporation** in Item 5. of the Declarations Page, then the entity so designated and any current or former partner, employee, **Salesperson**, agent, **Predecessor Firm** or **Successor in Business** of such entity is an **Insured**, but only while acting on behalf of the **Named Insured** and within the scope of their duties as such; or
- D. If the **Named Insured** designated in Item 5. of the Declarations Page is other than an Independent Contractor, a sole proprietorship, partnership or **Limited Liability Partnership/ Corporation**, then the organization so designated and any current or former executive officer, director or stockholder, employee, **Salesperson**, agent, **Predecessor Firm** or **Successor in Business** of such organization is an **Insured**, but only while acting on behalf of the **Named Insured** and within the scope of their duties as such.
- E. If the **Named Insured** is a franchisee, then their Franchisor(s) are included as **Insureds**, but only with respect to **Claims** arising out of any negligent act, error, omission or **Personal Injury** in the rendering or failure to render **Professional Services** for others by any **Insured** other than the Franchisor(s).

SECTION III -- LIMITS OF LIABILITY AND DEDUCTIBLE

Regardless of the number of **Insureds** covered under this policy or the number of **Claims** made, the Company's liability is limited as follows:

- A. In the event **Claims Expenses** are included within the limit of liability as specified in Item 4.a. of the Declarations Page, the limit of liability stated on the Declarations Page as applicable to "each **Claim**" is the limit of the Company's liability for all **Damages** and **Claims Expenses** because of each **Claim** covered.

The limit of liability stated on the Declarations Page as "aggregate" is, subject to the above provision respecting "each **Claim**", the total limit of the Company's liability under this policy for all **Damages** and **Claims Expenses**.

All **Claims** alleging interrelated acts, errors or omissions or **Personal Injuries** regardless of the number of **Claims**, **Insureds**, or claimants are considered to be one **Claim**. All such **Claims** are considered first made at the time the first **Claim** was first made. Furthermore, an interrelated act, error, or omission is deemed to

have occurred at the time the first interrelated act, error, or omission occurred.

- B. In the event **Claims Expenses** are in addition to the limit of liability as specified in Item 4.b. of the Declarations Page, the limit of liability stated on the Declarations Page as applicable to "each **Claim**" is the limit of the Company's liability for **Damages** resulting from each **Claim** covered. There shall be a separate "each **Claim**" limit of liability applicable to **Claims Expenses** for any such **Claim** equal to the limit of the Company's "each **Claim**" liability for **Damages**.

The limit of liability stated on the Declarations Page as "aggregate" is, subject to the above provision respecting "each **Claim**", the total limit of the Company's liability under this policy for all **Damages**. There shall be a separate "aggregate" limit of liability applicable to all **Claims Expenses** incurred in the defense of **Claims** covered by this policy, subject to the above provision respecting the Company's liability for **Claims Expenses** for "each **Claim**".

All **Claims** alleging interrelated acts, errors or omissions or **Personal Injuries** regardless of the number of **Claims**, **Insureds**, or claimants are considered to be one **Claim**. All such **Claims** are considered first made at the time the first **Claim** was first made. Furthermore, an interrelated act, error, or omission is deemed to have occurred at the time the first interrelated act, error, or omission occurred.

- C. The Company's liability for **Damages** and **Claims Expenses**, as applicable, resulting from "each **Claim**" is in excess of the deductible amount stated on the Declarations Page. In the event that there are separate aggregate limits of liability for **Claim Expenses** and for **Damages**, and the deductible amount applies to **Claim Expenses** and **Damages**, the deductible amount applies once per each **Claim**. In the event that the deductible applies to **Damages** only, the **Insured** shall pay for **Damages** in the amount of the deductible for each **Claim**.
- D. In the event the **Insured** participates in an **Alternative Dispute Resolution** to settle a **Claim** brought by a client of the firm, the Company will waive 50% of the **Insured's** deductible obligation. The maximum amount of this waiver shall not exceed \$25,000 per **Claim**. If the **Alternative Dispute Resolution** fails to resolve the **Claim**, and the **Claim** proceeds to litigation, the full deductible as shown on the Declarations Page will apply without the 50% waiver to any **Damages** and **Claims Expenses** incurred once the litigation has commenced.
- E. The purchase or application of any Extended Reporting Period shall not increase the limit of liability stated on the Declarations Page.

F. If any **Claim** reported under this policy is also covered by one or more primary insurance policies or certificates of insurance issued by the Company, or by any other affiliated company of General Star Indemnity Company or any successor company, to any **Insured**, or to any person who controls, is controlled by or affiliated by common control with said **Insured**, then with respect to such **Claim**:

1. The Company shall not be liable under this policy for a greater proportion of the loss than the applicable limit of liability under this policy bears to the total limits of liability of all such policies; and
 2. The maximum amount payable under all such policies shall not exceed the limit of liability of that policy which has the highest limit of liability.
- G. The limits of liability of this insurance policy apply separately to each consecutive annual period and to any remaining period of less than twelve (12) months, starting with the beginning of the **policy period** shown in the Declarations, unless the **policy period** is extended after issuance for an additional period of less than twelve (12) months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the limits of liability.

SECTION IV -- POLICY PERIOD, TERRITORY

The insurance afforded by this policy applies to:

- A. **Claims** which are first made during the **Policy Period** and reported in writing to the Company during the **Policy Period** as stated on the Declarations Page, and

- B. then only provided that the **Claim** is made or **Suit**, if any, is brought within the United States of America, its territories, possessions or Canada.

SECTION V -- WHEN TO REPORT A CLAIM

Written notice shall be given to the Company when the **Insured** first becomes aware of the following:

- A. **A Claim** made against an **Insured**, a lawsuit, or any kind of legal proceeding involving a **Claim** which has been made against an **Insured**; or

- B. Any event, circumstance, situation or transaction which could reasonably be expected to result in a **Claim** against an **Insured**;

and the **Insured** shall immediately forward to the Company copies of all demand letters, legal pleadings and other information relative to A. and B. above.

SECTION VI -- SUPPLEMENTARY PAYMENTS

A. The Company will pay, in addition to the applicable limit of liability:

1. Up to \$250 for loss of earnings to each individual **Insured** for each day or part of a day of such **Insured's** attendance at the Company's request at a trial, hearing or arbitration proceeding involving a **Suit** against such **Insured** for covered **Damages**, but the amount so payable for any one or series of trials, hearings or arbitration proceedings arising out of the same act, error or omission or **Personal Injury** shall in no event exceed \$5,000; and
2. Up to \$2,500 per **Policy Period** to each **Insured** for attorney fees, and other costs, expenses or fees resulting from the investigation or defense of a proceeding before a state licensing board, local real estate board or governmental regulatory body incurred as the result of a notice of a proceeding, excluding commission disputes, first received by the **Insured** and reported to the Company during the **Policy Period**, arising out of any act, error, omission or **Personal Injury** in the rendering of or failure to render **Professional Services** by an **Insured** covered under this policy.

B. The Company will pay, as part of the applicable limit of liability:

Up to \$100,000 to the **Insured** for **Damages** or **Claims Expenses** as a result of all **Claims** reported to the Company during the **Policy Period** upon which **Suit** may be brought against such **Insured** for discrimination on the basis of age, sex, race, color, religion, disability, marital status, pregnancy, national origin, HIV or AIDS status, sexual origin, sexual orientation, or sexual preference, including resulting **Personal Injury**.

This sub-limit shall be part of, and not in addition to the limit of liability stated on the Declarations Page.

The Company shall not be obligated to pay any **Claims Expenses** or **Damages**, or to defend any **Suit**, after the applicable \$100,000 sub-limit of the Company's liability has been exhausted.

C. The Company shall pay for **Lock Box Claims**, as part of the limit of liability:

Up to the limit of liability set forth in Item 3. of the Declarations Page as a result of **Lock Box Claims** reported to the Company during the **Policy Period** upon which **Suit** may be brought against such **Insured** for covered **Damages** for **Lock Box Claims**.

The Company shall not be obligated to pay any **Claim Expenses** or **Damages** or to defend any **Suit** for **Damages** within the aggregate limit of liability for any **Lock Box Claim**, after the applicable **Lock Box Claims** limit of liability has been exhausted.

SECTION VII -- EXCLUSIONS

This insurance does not apply to **Claims**:

- A. Arising out of a dishonest, fraudulent, criminal or malicious act or omission, or intentional misrepresentation, (including, but not limited to, actual or alleged violations of state or federal anti-trust, price-fixing, restraint of trade or deceptive trade practice laws, rules or regulations) committed by, at the direction of, or with the knowledge of any **Insured**;
- B. Arising out of the insolvency or bankruptcy of any **Insured**;

- C. Based on or arising out of any disputes involving any **Insured's** fees, commissions or charges, the failure to pay or collect premium, escrow or tax money, or the conversion, misappropriation, commingling or defalcation of funds or other property. However, in the event a **Claim** is made against an **Insured** seeking both the return of escrow money and alleging an act, error or omission in the performance of **Professional Services** covered under this policy, the Company will defend such **Claim** without any obligation to reimburse the **Insured** for the payment of monies held as escrow.

- D. Made by an **Insured** against any other **Insured**, unless such **Claim** arises solely out of **Professional Services** performed for that party in a broker-client capacity;
- E. Based on or arising out of the rendering of or failure to render **Professional Services** by any **Insured** as employee, owner, partner, stockholder, director or officer of any sole proprietorship, partnership, **Limited Liability Partnership/Corporation**, corporation or other business enterprise not listed on the Declarations Page.
- F. Arising out of:
 1. **Bodily Injury**, sickness, disease or death of any person; or
 2. Physical injury, damage to or destruction of or loss of use of tangible property; however, this exclusion does not apply to the performance of **Professional Services** by an **Insured** in the maintenance, operation or use of a lock box on property not owned, occupied by or leased to an **Insured**.
- G. Based on or arising out of any obligations for which an **Insured** or any carrier acting as his insurer may be liable under any workers' compensation, unemployment compensation, disability or pension benefits law, or any similar laws, including but not limited to, the Employee Retirement Income Security Act of 1974, Public Law 93-406 (ERISA), or any of its amendments, or any other similar state or local law, or any non-qualified plan, while any **Insured** is acting as a fiduciary within the meaning of said laws.
- H. Based on or arising out of any violation of the Securities Act of 1933, as amended, or the Securities Exchange Act of 1934, as amended, or any state "blue sky" or securities law, or any similar state or federal statutes, including any rules or regulations promulgated thereunder;
- I. Based on or arising out of activities involving property syndication, real estate investment trusts, limited partnerships or similar investments;
- J. Based on or arising out of the sale or purchase of insurance, or the failure to effect or maintain adequate levels or types of insurance;
- K. Based on or arising out of liability assumed by an **Insured** under any oral or written contract or agreement, including any warranty, except that this exclusion shall not apply to liability the **Insured** would have in the absence of such contract, agreement or warranty;
- L. Arising out of activities of an **Insured** as a mortgage banker, mortgage counselor, mortgage broker, business broker, independent third party escrow agent, contractor, construction advisor, property developer, insurance agent or insurance broker;
- M. Involving real property owned by any **Insured**. This exclusion shall not apply if:
 1. Title is held by an **Insured** for less than one year for the purpose of resale, or
 2. The property is a single-family dwelling owned by an **Insured** and listed for sale by another **Insured** who owns no part of it.
- N. Resulting from:
 1. Injury, disease or illness (including death at any time resulting therefrom);
 2. Damage to or reduction in financial value of any property; or
 3. Other loss or expense arising in whole or in part, out of or in any way related to **Asbestos**;
- O. Arising out of **Personal Injury** based on publications or utterances in the course of or related to advertising, broadcasting or telecasting activities conducted by or on behalf of the **Named Insured**;
- P. Based on or arising out of or alleging infringement of any copyright, title, slogan, patent, trademark, trade name, trade dress, service mark or service name.
- Q. Arising out of any guarantee or promise of future status, performance or valuation in the course of performing **Professional Services** by the **Insured**;
- R. Arising out of the alleged notarized certification or acknowledgement by any **Insured** of a signature on any document that the **Insured** did not witness being placed on the document.
- S. Based on or arising from:
 1. The inspection, evaluation or testing of, or the failure to inspect, evaluate or test for, any items listed in 4. a. through d. below;
 2. The failure to discover or disclose any items listed in items 4. a. through d. below;
 3. The actual, alleged or threatened inhalation of, ingestion or, contact with, exposure to, existence of, or presence of, any of the listed items in 4. a. through d. below on or within a building or structure, including its contents; or

4. The clean up, remediation, containment, removal or abatement of any items listed in a. through d. below:
 - a. any **Fungus(i), Mold(s)**, mildew or yeast;
 - b. any **Spore(s)** or toxins created or produced by or emanating from such **Fungus(i), Mold(s)**, mildew, or yeast;
 - c. any substance, vapor, gas or other emission of any organic or inorganic body or substance produced by or arising out of any **Fungus(i), Mold(s)**, mildew, or yeast; and
 - d. any material, product, building component, building or structure, or any concentration of moisture, water or other liquid within such material, product, building component, building or structure that contains, harbors, nurtures or acts as a medium for any **Fungus(i), Mold(s)**, mildew, yeast, or **Spore(s)** or toxins emanating therefrom, regardless of any other cause, event, material, product and/or building component that contributed concurrently or in any sequence.
 - T. Based upon or arising from pollution or **Pollutants**, including:
 1. **Bodily Injury or Property Damage** which would not have occurred in whole or part but for the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of **Pollutants** at any time.
 2. Any loss, cost or expense arising out of any:
 - a. Request, demand, order or statutory or regulatory requirement that any **Insured** or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of **Pollutants**; or
 - b. **Claim of Suit** by or on behalf of a governmental authority for **Damages** because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of **Pollutants**.
 - U. Based on or arising out of the **Insured** gaining, in fact, any personal profit or advantage to which any **Insured** is not legally entitled, including misappropriation, conversion, embezzlement, commingling or defalcation of funds or other property.
 - V. Arising out of, based upon or attributable to **Bodily Injury, Personal Injury, or Property Damage** from the installation, removal, disposal, handling, use or existence of, exposure to, contact with, or the ingestion of lead paint or any other substance or matter containing lead paint or the residue of lead paint.
 - W. Arising out of, based on, alleging or arising out of discrimination of any kind by an **Insured**, including but not limited to discrimination due to or on the basis of age, sex, race, color, religion, disability, marital status, pregnancy, national origin, HIV or AIDS status, sexual origin, sexual orientation, or sexual preference.
- This exclusion does not apply to any coverage afforded by SECTION VI – SUPPLEMENTARY PAYMENTS, item B.
- X. Based on or arising out of the **Insured's** unauthorized use of confidential, privileged or non-public material or information for any purpose whatsoever.

SECTION VIII -- DEFINITIONS

When used in this policy (including endorsements forming a part of the policy):

Alternative Dispute Resolution means the use of mediation or non-binding arbitration proceedings in which the **Insured** participates with the consent of the Company.

Asbestos shall include but is not limited to: Asbestos or other mineral wools; Asbestos or mineral wool products, fibers, or dust; Asbestos or other mineral wools contained in products or materials.

Bodily Injury means bodily harm, sickness, disease, emotional distress or death that results to any person.

Claim means a demand for money, the filing of **Suit** or the institution of arbitration or mediation proceedings naming the **Insured** and alleging an act, error, omission or **Personal Injury** resulting from the rendering of or failure to render **Professional Services**.

Claim does not include proceedings seeking injunctive or other non-pecuniary relief, or administrative proceedings before any national, state, regional or local board of real estate agents, or any committee or sub-committee, except as provided in SECTION VI.A.

Claims Expenses means:

- (a) Fees charged by an attorney(s) designated by the Company and all other fees, costs, and expenses resulting from the investigation, adjustment, defense and appeal of a **Claim, Suit** or proceeding arising in connection therewith, if incurred by the Company, or by an **Insured** with written consent of the Company, but does not include salary charges or expenses of regular employees or officials of the Company, or fees and expenses of independent adjusters;
- (b) All costs taxed against an **Insured** in such **Suits**, and all interest on the entire amount of any judgment which accrues after entry of the judgment and before the Company has paid, tendered or deposited, whether in court or otherwise, the part of the judgment which does not exceed the limit of the Company's liability;
- (c) Prejudgment interest which, when payable under this policy, will be in addition to the limits of liability stated on the Declarations Page; or
- (d) Premiums on appeal bonds and premiums on bonds to release attachments in such **Suits**, but not premiums for bond amounts in excess of the applicable limit of liability of this policy. Notwithstanding the foregoing, the Company shall have no obligation to pay for or furnish any bond.

Damages means compensatory judgments, settlements or awards, but does not include punitive or exemplary damages, fines or penalties, sanctions, the return of fees or other consideration paid to the **Insured**, or that portion of any award or judgment caused by the trebling or multiplication of actual damages under federal or state law.

However, if a **Suit** is brought against an **Insured** with respect to a **Claim** for alleged acts, errors or omissions falling within the scope of coverage afforded by this policy, and such **Suit** seeks both compensatory and punitive or exemplary **Damages**, then the Company will afford a defense to such action without liability for payment of such punitive or exemplary **Damages**.

Fungus(i) means any type or form of fungus, and including **Mold** or mildew and any mycotoxins, **Spores**, scents, byproducts produced or released by fungi, smuts, rust, or mushrooms.

Insured means any person or organization qualifying as an **Insured** under SECTION II - PERSONS INSURED of this policy. The insurance afforded applies separately to each **Insured** against whom **Claim** is made or **Suit** is brought except with respect to the limit of the Company's liability.

Limited Liability Partnership/Corporation means a type of business organization, governed by State law, that protects a partner or member from personal liability for acts committed by other partners, members or employees not under his/her direct control.

Lock Box Claim means any **Claim** that arises out of, attributed to any act, error or omission of an **Insured(s)** related to a Lock Box owned by the **Insured**.

Mold(s) means any superficial growth produced on damp or decaying organic matter or on living organisms, and **Fungi** that produce **Mold**.

Named Insured means the person or organization named in Item 1. of the Declarations Page.

Personal Injury means:

- (a) false arrest, detention or imprisonment, wrongful entry or eviction, other invasion of private occupancy, or malicious prosecution; or
- (b) the publication or utterance of a libel, slander or other defamatory or disparaging material, or a publication or an utterance in violation of an individual's right of privacy.

Policy Period means the period from the inception date of this policy to the policy expiration date as set forth on the Declarations Page, or its earlier termination date, if any.

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

Predecessor Firm means any real estate firm which has undergone dissolution and:

- (a) some or all of such firms' principals, owners, officers or partners have joined the **Named Insured**, provided such persons were responsible for producing in excess of 50% of the prior firm's annual gross revenues and such billings have been assigned or transferred to the **Named Insured**; or
- (b) at least 50% of the principals, owners, partners or officers of the prior firm have joined the **Named Insured**; or
- (c) at least 50% of the prior firm's financial assets and liabilities have been assumed by the **Named Insured**.

Professional Services means services performed by an **Insured** in an **Insured's** capacity as a broker, buyer's broker, agent, appraiser of real estate, a real estate consultant, auctioneer, counselor or property manager, as long as such service is rendered on or behalf of the customer or client in return for a fee, commission, or other compensation or in the course of solicitation of a client or customer for services which would result in payment of a fee, commission, or other compensation. It includes incidental services rendered by any **Insured** as a notary public, title agent or as a member of a formal accreditation committee, standards review committee or similar board or committee.

Property Damage means physical injury to, destruction of or loss of tangible property.

Salesperson means an independent contractor engaged in practice as a real estate broker, agent or employee of the **Named Insured**, and licensed under all applicable laws of all jurisdictions in which he or she practices.

Spores means any dormant or reproductive body produced by or arising or emanating out of any **Fungus(i), Mold(s)**, mildew, plants or organisms or microorganisms.

Successor in Business means, after dissolution of the **Named Insured**, any firm in which:

- (a) some of all of the principals, owners, officers or partners of the **Named Insured** have joined an existing, or formed a new, firm, provided such persons were responsible for producing more than 50% of the **Named Insured's** annual gross revenues at the time of dissolution and such revenues have been assigned or transferred to the successor firm; or
- (b) at least 50% of the principals, owners, partners or officers of the **Named Insured** have joined an existing, or formed a new, firm; or (c) at least 50% of the **Named Insured's** financial assets/liabilities have been assumed by the successor firm;

however, this policy does not apply if the **Successor in Business** is also an **Insured** under any similar insurance policy issued by the Company, regardless of such policy's exhaustion of its limits of liability. This coverage shall terminate at the earlier of policy termination or 90 days from the date of dissolution of the **Named Insured** unless written notice is given to the Company, together with such information as the Company may request, and the **Successor in Business** shall pay any additional premium required in the event the Company agrees to continue the policy.

Suit means a civil adjudicatory proceeding in a court of law.

SECTION IX -- AUTOMATIC EXTENDED REPORTING and EXTENDED REPORTING OPTIONS

A. Automatic Extended Reporting Period

In case of cancellation or non-renewal of this policy by the **Named Insured** or the Company, for any reason, an automatic sixty (60) day extended reporting period, effective at the termination of the **Policy Period**, will be provided by the Company at no additional cost. This Automatic Extended Reporting Period will only be provided if the policy has not been replaced with another policy issued by an unrelated insurance carrier. This Automatic Extended Reporting Period shall extend the time in which an **Insured** can give written notice to the Company of **Claims** first made against the **Insured** during this Automatic Extended Reporting Period for any act, error, omission or **Personal Injury** in the rendering of or failure to render **Professional Services** which happen prior to the termination of the **Policy Period**, subject to its terms, limitations, exclusions and conditions.

B. Extended Reporting Period Option

In the case of:

1. Cancellation or nonrenewal of this policy by the **Named Insured** or the Company for any reason other than:
 - a. flat cancellation by the Company effective at policy inception for non-payment of premium;
 - b. cancellation by the Company effective mid-term for non-payment of any premium;
 - c. failure to comply with policy provisions;
 - d. non-payment of a deductible;
 - e. failure to cooperate with us; or
 - f. fraud, concealment or material misrepresentation of facts in any application for this policy or any renewal policy for this insurance; or
2. the Company advancing a prior acts date from that previously provided by the Company in a predecessor insurance policy,

the **Named Insured** shall have the right to extend the time during which **Claims** can be reported for an additional premium of:

- (a) 100% of the full annual premium for this policy, by a period of twelve (12) months, or
- (b) 135% of the full annual premium for this policy, by a period of twenty-four (24) months, or
- (c) 150% of the full annual premium for this policy, by a period of thirty-six (36) months

following the effective date of such cancellation or non-renewal in which to give written notice to the Company of **Claims** first made against the **Insured** during this Extended Reporting Period for any act, error, omission or **Personal Injury** in the rendering of or failure to render **Professional Services** occurring prior to the termination of the final **Policy Period**, subject to its terms, limitations, exclusions and conditions. This right shall terminate, however, unless written notice of such election together with the additional premium is received by the Company or its authorized agent from the **Named Insured** within sixty (60) days after the effective date of cancellation or nonrenewal.

C. Retiree Extended Reporting Period Option

If the **Named Insured** is designated in Item 5. of the Declarations Page:

1. As an independent contractor and shall cancel or fail to renew this policy due to retirement of the **Named Insured** from active business; or
2. As a sole proprietorship and shall cancel or fail to renew this policy due to retirement of the **Named Insured** from active business; or
3. As a partnership, **Limited Liability Partnership**, or **Corporation** and shall cancel or fail to renew this policy due to dissolution of the partnership, or corporation,

Then the **Named Insured** shall have the right to have an endorsement issued extending the reporting period for this policy for an additional premium of 160% of the full annual premium for this policy, to an unlimited period following the effective date of such cancellation or non-renewal in which to give written notice to the Company of **Claims** first made against the **Insured** during this Extended Reporting Period for any act, error, omission or **Personal Injury** occurring prior to the termination of the final **Policy Period**, subject to its terms, limitations, exclusions and conditions. This right shall terminate, however, unless written notice of election together with the additional premium is received by the Company or its authorized agent from the **Insured** within sixty (60) days after the effective date of cancellation or non-renewal.

D. Termination of Any Extended Reporting Period Option

At the commencement of any Extended Reporting Period, the entire premium shall be deemed earned and the Company shall not be liable to return to the **Insured** any portion of the premium for any Extended Reporting Period.

E. Miscellaneous

The fact that the period during which **Claims** must be first made against the **Insured** under this policy is extended by virtue of any Extended Reporting Period shall not in any way increase the Limit of Liability of this policy. The Limit of Liability available under any Extended Reporting Period shall be part of, and not in addition to, the Limit of Liability available under the last policy issued to the **Named Insured**. Any Extended Reporting Period shall not extend the **Policy Period**. Furthermore, the Automatic Extended Reporting Period does not extend the time to purchase the Extended Reporting Period Option. The Deductible amount shown in Item 5. of the Declarations Page shall apply to any Extended Reporting Period.

SECTION X -- GENERAL CONDITIONS

A. Premium: All premiums for this policy shall be computed in accordance with the Company's rules, rates, rating plans, premiums and minimum premiums applicable to this insurance. The **Named Insured** shall maintain records of the information necessary for premium computation and shall send copies of such records to the Company at such times as the Company may direct.

B. Assistance and Cooperation of Insured: Immediately upon any **Insured** becoming aware

of any act, error, omission or **Personal Injury** in the rendering of or failure to render **Professional Services** which could reasonably be expected to be the basis of a **Claim**, written notice shall be given by the **Insured**, or its representatives, to the Company, together with the fullest information obtainable. If **Claim** is made or **Suit** is brought against any **Insured**, the **Insured** or its representatives shall immediately forward to the Company every demand, notice, summons or other process received by the **Insured** or the **Insured's** representative.

All **Insureds** shall cooperate with the Company and, upon the Company's request, assist in making settlements, in the conduct of **Suits** and in enforcing any right of contribution or indemnity against any person, organization or other insurer which may be liable to the **Insured** or the Company for **Damages** or **Claim Expenses**.

The **Insured** shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. No **Insured** shall, except at the **Insured's** own cost, voluntarily make any payments, assume any obligation or incur any expense. The **Insured** may provide for **Alternative Dispute Resolution** with a client under an engagement letter or any other written contract as long as such agreement is executed in writing prior to any **Claim** or potential **Claim**.

The **Insured** will consent to the submission of special verdict forms or other written inquiries to the trier of fact for the purpose of determining the basis for the **Insured's** liability and any **Damages** awarded if **Suit** or any other proceeding is brought on the **Claim**.

C. Waiver of Exclusion and Breach of Conditions: Whenever coverage under any provision of this policy would be excluded, suspended or lost:

- (1) because of EXCLUSION A. relating to any judgment or final adjudication based upon or arising out of any dishonest, fraudulent, criminal or malicious act or omission or intentional misrepresentation committed by, at the direction of, or with the knowledge of any **Insured**; or
- (2) because of noncompliance with any condition relating to the giving of notice to the Company with respect to which any other **Insured** shall be in default solely because of the default or concealment of such default by one or more **Insureds** responsible for the loss or damage otherwise insured hereunder;

then the Company agrees that such insurance as would otherwise be afforded under this policy shall apply with respect to each and every **Insured** who did not personally commit or personally participate in committing or personally acquiesce in or remain passive after having personal knowledge of one or more of the acts or omissions described in any such exclusion or condition, provided that if the condition is one with which such **Insured** can comply, after receiving knowledge thereof, the **Insured** entitled to the benefit of this Condition,

as a condition precedent, shall comply with such condition promptly after obtaining knowledge of the failure of any other **Insured** to comply therewith.

With respect to Paragraph (a) above, the Company's obligation to pay in the event of such event shall be in excess of the deductible and in excess of the full extent of any assets of any **Insured** to whom the exclusion applies.

D. Assignment: This policy may not be assigned without first obtaining the written consent of the Company. No **Insured's** rights under this policy are assignable. If any **Insured** shall die or be adjudged incompetent, this insurance shall terminate for such person, but shall cover the **Insured's** legal representative with respect to liability previously incurred and covered by this insurance.

E. Legal Action Against The Company:

No action shall lie against the Company unless there shall have been full compliance with all of the terms of this policy, nor until the amount of the **Insured's** obligation to pay shall have been finally determined, either by judgment against the **Insured** or by written settlement agreement between the **Insured** and the claimant, entered into with the written consent of the Company.

Any person or organization or the legal representative thereof who has secured a judgment or written settlement agreement shall thereafter be entitled to recover under this policy to the extent of the insurance afforded by this policy. A written settlement agreement means a settlement and release of liability signed by the **Insured** and the claimant with the written consent of the Company. No person or organization shall have any right under this policy to join the Company as a party to any action against the **Insured** to determine the **Insured's** liability, nor shall the Company be impleaded by the **Insured** or his legal representative.

The Company will not be liable for **Damages** that are not payable under the terms of this Policy or that are in excess of the applicable limit of insurance.

F. Conformity to Statute: In the event that any terms, conditions or exclusions of this policy conflict with any law applicable to the coverage afforded hereunder, the terms of this contract shall, by this statement, be amended to conform to such law or laws.

G. Other Insurance:

If there is other valid insurance (whether primary, excess, contingent or self-insurance, including Extended Reporting Period coverage in the **Insured's** previous insurance) which may apply to a **Claim** covered by this policy, the insurance provided hereunder shall be deemed excess insurance over and above the applicable limit of all other insurance or self-insurance.

When this insurance is excess, the Company shall have no duty under this policy to defend any **Claim** or **Suit** that any other insurer or self-insurer has a duty to defend. If such other insurer or self-insurer refuses to defend such **Claim** or **Suit**, the Company shall be entitled to the **Insured's** rights against all other insurers or self-insurers for any **Claims Expenses** and **Damages** incurred by the Company.

If a loss occurs involving two or more policies, each of which provides that its insurance shall be excess, each will contribute pro rata.

H. Subrogation: To the extent of any payment under this policy, the Company shall be subrogated to all the **Insured's** rights of recovery against any person, organization or entity, and all **Insureds** shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The **Insured** shall do nothing after any loss to prejudice such rights.

I. Cancellation:

This policy may be canceled by the Named **Insured** by surrender thereof to the Company or any of its authorized representatives or by mailing to the Company written notice stating when thereafter the cancellation shall be effective.

The policy may be canceled by the Company by mailing to the **Named Insured** at the address shown in the policy written notice stating when not less than 60 days thereafter, or 10 days in the case of nonpayment of premium, such cancellation shall be effective. The mailing of notice as aforesaid shall be sufficient proof of notice. The time of the surrender or the effective date and hour of cancellation stated in the notice shall become the end of the **policy period**. Delivery of such written notice either by the **Named Insured** or by the Company shall be equivalent to such mailing.

If either the **Named Insured** or the Company cancels, earned premium shall be the pro rated amount of the annual premium. Premium adjustment may be made at the time cancellation is effected and, if not then made, shall be made as soon as practicable after cancellation becomes effective. The Company's check or the check of its representative mailed as aforesaid shall be sufficient tender of any refund or premium due to the **Named Insured**, provided that if at the time of cancellation the policy limit for the indemnity period involved has been exhausted, the entire premium shall be considered earned.

J. Nonrenewal:

The Company may nonrenew this policy by mailing or delivering to the **Named Insured** at the address stated in the Declarations Page written notice of nonrenewal at least 60 days before the expiration date of this policy. The offer of renewal policy terms, conditions, or premium amount different than those in effect prior to renewal does not constitute nonrenewal.

K. Changes: The terms of this policy shall not be waived or changed except by endorsement issued to form a part of this policy.

L. Bankruptcy or Insolvency of Insured: Bankruptcy or insolvency of the **Insured** or of the **Insured's** estate shall not relieve the Company of any of its obligations under this policy.

M. Deductible: The **Insured's** obligation to pay the deductible amount as a result of any single **Claim** shall not exceed the amount stated on the Declarations Page as deductible for "each **Claim**". The Company's obligation to pay **Damages** and **Claims Expenses** on behalf of the **Insured** resulting from a **Claim** is in excess of the deductible amount stated as "each **Claim**" on the Declarations Page. However, in the event that deductible only applies to **Damages**, the Company's obligation to pay **Claims Expenses** is not subject to the deductible being satisfied by the **Insured**.

N. Declarations and Application: By acceptance of this policy, all **Insureds** agree that the statements in the application are the **Insureds'** agreements and representations, that they shall be deemed material, that this policy is issued in reliance upon the truth of such representations that this policy embodies all agreements existing between the **Insureds** and the Company or any of its agents relating to this insurance.

O. Reimbursement: While the Company has no duty to do so, if the Company pays **Damages** or **Claims Expenses:**

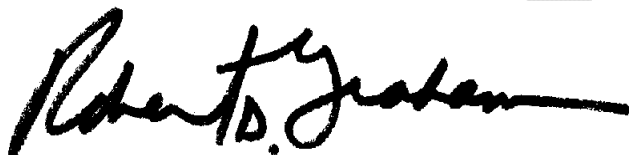
- (1) Within the amount of the applicable deductible, or
 - (2) In excess of the applicable Limit of Liability, or
 - (3) Under a reservation of rights to seek reimbursement, and it is determined that the Company is entitled to reimbursement,
- all **Insureds** shall be jointly and severally liable to the Company for such amounts. Upon written demand, the **Insured** shall repay such amounts to the Company within thirty (30) days. Failure to pay any amount indicated may lead to policy termination.

P. Liberalization: If the Company adopts any revision that would broaden the coverage under this policy without additional premium at any time during the **Policy Period**, the broadened coverage will immediately apply to this policy.

Q. Examination of Your Books and Records: We may examine and audit your books and records as they related to this policy at any time during the **policy period** and up to three (3) years afterward.

IN WITNESS WHEREOF the **General Star Indemnity Company** has caused this Policy to be signed by its President and Secretary at Stamford, Connecticut, but the same shall not be binding upon the Company unless countersigned on the Declarations Page by an authorized representative of the Company.

GENERAL STAR INDEMNITY COMPANY



Secretary

President

OWNED PROPERTY ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement # _____, effective _____ forms a part of Policy # _____ issued to _____.

In consideration of the additional premium paid, it is agreed that Section VII., Exclusion M is deleted and replaced with the following:

- M. based on or arising out of the actual or attempted sale, leasing or appraisal of property by any **Insured** if at the time of the act or omission giving rise to such **Claim**, such **Insured** owned, or was the developer or constructor of, such property. This exclusion does not apply to:
1. the actual or attempted sale or leasing of residential or commercial property that the **Insured** did not construct or develop and in which the combined ownership interest of all **Insureds** at the time of sale or lease was less than 10%;
 2. the actual or attempted sale of residential property 100% owned by an **Insured** if all of the following conditions are met:
 - i. the property was acquired by an **Insured** under a written **guaranteed sale listing contract**; and
 - ii. from acquisition to resale:
 - (1) the title to the property was held by an **Insured** for less than twelve months; and
 - (2) the property was continually offered for sale by an **Insured**;
 3. the actual or attempted sale or leasing of residential property by an **Insured** who is the 100% owner of such residential property for more than 180 days and all of the following conditions are met in connection with such sale:
 - i. a written Home Inspection Report is issued by an ASHI or CREIA member inspector;
 - ii. a home warranty policy was purchased prior to closing;
 - iii. a seller disclosure form was signed by the **Insured** and acknowledged by the buyer prior to closing; and
 - iv. a state or local board approved standard sales contract was utilized.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement # _____, effective _____ forms a part of Policy # _____ issued to _____.

It is agreed that Section VII., Exclusions is amended by the addition of the following exclusion:

- Y. Based on or arising out of the actual or attempted purchase of property by, or the actual or attempted sale, leasing or appraisal of property developed, constructed or owned by:
1. any entity in which any **Insured** has a financial interest;
 2. any entity which has a financial interest in an **Insured**; or
 3. any entity which is under the same financial control as an **Insured**, provided that such financial interest existed at the time of the act or omission giving rise to the **Claim**;

Section VIII, Definitions is amended by the addition of the following new definitions:

Guaranteed Sales Listing Agreement means a written agreement between an Insured and the seller of a property, in which the Insured agrees to purchase the property if it is not sold under the listing agreement in the time frame specified by the agreement.

Residential property means a single family residence or multi-family residence with 4 units or fewer.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

GENERAL STAR INDEMNITY COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This Endorsement # _____, effective _____ forms a part of Policy # _____
issued to _____ by GENERAL STAR INDEMNITY COMPANY

**REAL ESTATE AGENTS ERRORS AND OMISSIONS
Expanded Coverage Endorsement
REAL ESTATE AGENTS ERRORS AND OMISSIONS INSURANCE POLICY**

Schedule:

1. **Deductible Waiver – Clause H**
2. **Definition of Claim (revision)**
3. **Death, Disability or Retirement Reporting Period – Clause F**

SUPPLEMENTARY PAYMENTS

in addition to the applicable limit of liability

**Limit Provided
per Policy Period:**

- | | |
|--|--|
| 4. Trial, Hearing or Arbitration Proceedings – Clause A | \$500 per Insured /
\$10,000 Aggregate |
| 5. Administrative proceedings – Clause B | \$10,000 per Insured |
| 6. Production of Documents – Clause C | Unlimited |
| 7. Privacy and Information Security – Clause D | \$5,000 |
| 8. Employee Dishonesty – Clause E | \$5,000 |

This endorsement modifies insurance provided under the following:

SECTION III – LIMITS OF LIABILITY AND DEDUCTIBLE is amended by the addition of the following Clause H:

- H. The **Insured's** obligation to pay the deductible amount stated in the Declarations shall be waived for amounts not exceeding \$5,000, provided that the following conditions are met and documentation of such is provided to the Company with notice of **Claim**:
1. A seller disclosure form was signed by the seller and acknowledged by the buyer prior to closing;
 2. A home warranty policy was purchased prior to closing;
 3. A home inspection was completed and a copy was provided to the buyer prior to closing;
 4. A state or local board approved standard sales contract was utilized.

The **Insured's** obligation to pay the deductible amount stated in the Declarations shall not be waived if any **Insured** individually acted as both buyer's and seller's agent in the transaction which gives rise to a claim.

SECTION VIII – DEFINITIONS - Claim is deleted in its entirety and replaced with the following:

Claim means a demand for money or **Professional Services**, the filing of **Suit** or the institution of arbitration or mediation proceedings naming the **Insured** and alleging an act, error, omission or **Personal Injury** resulting from the rendering of or failure to render **Professional Services**.

Claim does not include proceedings seeking injunctive or other non-pecuniary relief, or administrative proceedings before any national, state, regional or local board of real estate agents, or any committee or sub-committee, except as provided in SECTION VI.A.

SECTION IX – AUTOMATIC EXTENDED REPORTING and EXTENDED REPORTING OPTIONS is amended by the addition of the following Clause F:

F. Death, Disability or Retirement Reporting Period

In the event the **Named Insured** dies or becomes permanently and totally disabled during the **Policy Period**, an Unlimited Extended Reporting Period will be granted at no additional premium, provided that:

1. within sixty (60) days of the death or permanent and **Total Disability** the **Named Insured's** estate requests the Unlimited Extended Reporting Period; and
2. the **Named Insured's** estate furnishes written evidence and proof of the date of the **Named Insured's** death, or
3. the **Named Insured** provides evidence and proof of the permanent and **Total Disability** including the date of the actual disability and written certification by the **Named Insured's** attending physician; and
4. the **Named Insured** agrees to submit to any medical examination(s) as requested by the Company, by any physician designated by the Company for the purpose of verifying such permanent and **Total Disability**.

If after reaching age sixty five (65), and having been continuously insured by the Company on a claims-made basis for a minimum of five (5) years the **Named Insured** retires during the **Policy Period**, an Unlimited Extended Reporting Period will be granted at no additional premium provided that the **Named Insured** within sixty (60) days of the retirement requests the Unlimited Extended Reporting Period;

SECTION VI(A) - SUPPLEMENTARY PAYMENTS is deleted in its entirety and replaced with the following:

A. The Company will pay, in addition to the applicable limit of liability:

1. Up to \$500 for loss of earnings to each individual **Insured** for each day or part of a day of such **Insured's** attendance at the Company's request at a trial, hearing or arbitration proceeding involving a **Suit** against such **Insured** for covered **Damages**, but the total amount so payable shall in no event exceed \$10,000 in aggregate for all **Insureds**; and
2. Up to \$10,000 per **Policy Period** to each individual **Insured** for attorney fees, and other costs, expenses or fees resulting from the investigation or defense of a proceeding before a state licensing board, local licensing board, self-regulatory agency, ethics commission or governmental regulatory body incurred as the result of a notice of a proceeding, excluding fee disputes, first received by the **Insured** and reported to the Company during the **Policy Period**, that arise out of any act, error, omission or **Personal Injury** in the rendering of or failure to render **Professional Services** by an **Insured**.
3. Attorneys fees and other costs, expenses or fees resulting from a subpoena to an **Insured** for documents or testimony arising out of **Professional Services** covered under this policy, provided that:
 - (a) the subpoena arises out of a lawsuit to which no **Insured** is a party; and
 - (b) no **Insured** has been engaged to provide advice or testimony in connection with the lawsuit, nor has any **Insured** been engaged to provide such advice or testimony in the past.

Immediately upon any **Insured** becoming aware of any act, error, omission or **Personal Injury** in the rendering of or failure to render **Professional Services** that could reasonably be expected to be the basis of a **Claim**, written notice shall be given by the **Insured**, or its representatives, to the Company, together with the fullest information obtainable.

4. An amount up to \$5,000 per **Policy Period** will be provided by the Company toward the **Costs of Third Party Notification**, as required by applicable State or Federal Privacy statutes, due to the loss, disclosure or dissemination of confidential data as a result of an **Insured's** act, error or omission, and for the cost or fees for services of outside consultants or firms retained by the **Named Insured**:
 - (a) to mitigate, prevent, or decrease the possibility of further loss as a result of **Electronic Information Damages**;
 - (b) to investigate and verify the cause, amount or extent of **Electronic Information Damages**;
 - (c) to contain, eradicate and recover the loss, disclosure or dissemination of confidential data as a result of **Electronic Information Damages**.

Costs of Third Party Notification and **Electronic Information Damages** must be incurred by the **Named Insured** and reported to the Company during the **Policy Period**; provided further that \$5,000 is the maximum aggregate amount payable for all **Insureds** regardless of the number of incidents of loss, disclosure or dissemination of confidential information or the number of proceedings or **Insureds**.

5. An amount up to \$5,000 per **Policy Period** will be provided by the Company to pay for direct loss of or damage to the personal property of the **Named Insured** or the personal property of clients, held in an **Insured's** care, custody and control resulting from **Dishonest Acts** committed by any **Employee** acting alone or in collusion with other persons.

The Deductible amount shown on the Declarations Page shall not apply to the Supplementary Payments under Clauses 1. through 5. of this Section.

Solely for the purposes of this Endorsement, **SECTION VII- EXCLUSIONS**. Item F. is deleted in its entirety and replaced with the following:

- F. Arising out of:
1. **Bodily Injury**, sickness, disease or death of any person; or
 2. Physical injury, damage to or destruction of or loss of use of tangible property other than coverage provided by SECTION VI - SUPPLEMENTARY PAYMENTS, Clause D. and SECTION VI - SUPPLEMENTARY PAYMENTS, Clause E. if applicable;

This exclusion does not apply to the performance of **Professional Services** by an **Insured** in the maintenance, operation or use of a lock box on property not owned, occupied by or leased to an **Insured**.

Solely for the purposes of this Endorsement, SECTION VII - EXCLUSIONS, is amended by the addition of the following exclusions:

- Y. Based on or arising out of malfunction or defect of **Network Communications System**.
- Z. Based on or arising out of electrical failure including electrical power interruption, surge, brownout or blackout.

- AA. Based on or arising out of interruptions or outages to gas, water, telephone, cable or satellite services furnished by utility companies.
- BB. Based on or arising out of any criminal or **Dishonest Act** that any partner, officer, director or managing member of the **Named Insured** commits whether acting alone or in collusion with other persons.
- CC. Based on or arising out of any criminal or **Dishonest Act**, the only proof of which as to its existence or amount is:
1. An inventory computation; or
 2. A profit and loss computation.
- DD. Based on or arising out of loss caused by any civil authority, including seizure, confiscation, destruction, or quarantine of property.

Solely for the purposes of this Endorsement, SECTION VIII - DEFINITIONS, is amended by the addition of the following definitions:

Costs of Third Party Notification means all costs associated with the notification of current or previous clients or other parties including reasonable applicable and necessary legal fees incurred in connection with such notification.

Electronic Information Damages means damage arising out of the unauthorized and third party:

1. Destruction or addition or deletion of information that was entrusted to an **Insured** by others and that was, resident on the **Named Insured's Network Communications System**;
2. Copying or theft of any information resident on **Network Communications System**; or
3. Use or alteration of any software resident on **Network Communications System**.

Network Communications System means any or all of the components, owned and/or controlled by the **Named Insured**, including computers and software, which combine to enable the **Named Insured's** computers to communicate electronically with other computer systems.

Dishonest acts means dishonest or fraudulent acts committed with the apparent intent to cause an **Insured** to sustain loss or damage and to obtain financial benefit for the **Employee** or for any other **Employee**, person, or organization. The financial benefit does not include salaries, commissions, bonuses, fees, profit sharing, or other **Employee** benefits.

Employee means:

- (a) Any natural person:
 1. While in the **Named Insured's** service, or for thirty (30) days after termination of service;
 2. Compensated by the **Named Insured** directly by salary, wages or commissions; and
 3. Over whose services the **Named Insured** has the right to direct and control while performing services for the **Named Insured**:
- (b) Any natural person who is furnished temporarily the **Named Insured**:
 1. To substitute for a permanent **Employee** as defined in Paragraph (a) above, who is on leave; or
 2. To meet seasonal or short-term work load conditions;

(c) Any natural person who is a former employee, director, partner, member, manager, representative or trustee retained as a consultant while performing services for the **Named Insured**;

But Employee does not mean:

(d) Any agent, broker, commissioned merchant, consignee, independent contractor or representative of the same general character.

Total Disability means that as a result of sickness or injury, which manifests itself during the **Policy Period** and is substantiated by medical documentation, a partner, officer, director, or managing member of the **Named Insured** is permanently prevented from doing the substantial and material acts required for his or her usual duties for the **Named Insured** at any real estate agency.

Additional Premium	The Additional Premium for this Endorsement is: \$ _____
Retroactive Date	The effective date for this Endorsement is: _____

Specimen

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement # _____, effective _____ forms a part of Policy # _____
issued to _____.

EXTENSION OF COVERAGE – DISCRIMINATION (\$250,000 CLAIMS EXPENSE/DAMAGES)

This endorsement modifies insurance provided under the following:

REAL ESTATE ERRORS & OMISSIONS POLICY

SECTION VI - SUPPLEMENTARY PAYMENTS, SUB-SECTION B., IS DELETED IN ITS ENTIRETY AND REPLACED BY THE FOLLOWING:

B. The Company will pay, as part of the applicable limit of liability:

Up to \$250,000 to the **Insured** for **Damages** or **Claims Expenses** as a result of all **Claims** reported to the Company during the **Policy Period** upon which **suit** may be brought against such **Insured** for discrimination on the basis of age, sex, race, color, religion, disability, marital status, pregnancy, national origin, HIV or AIDS status, sexual origin, sexual orientation, or sexual preference, including resulting **Personal Injury**.

This sub-limit shall be part of, and not in addition to the limit of liability stated on the Policy Declarations.

The company shall not be obligated to pay any **Claims Expenses** or **Damages**, or to defend any **suit** after the applicable \$250,000 sub-limit of the Company's Liability has been exhausted.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement # _____, effective _____ forms a part of Policy # _____
issued to _____.

LIMITED POLLUTION COVERAGE

This endorsement modifies insurance provided under your

PROFESSIONAL LIABILITY POLICY

EXCLUSION T., IS DELETED IN ITS ENTIRETY AND REPLACED BY THE FOLLOWING:

- (T) Based on any **Claim** action, judgment, liability, settlement, loss, defense, cost, or expense in anyway arising out of actual, alleged, or threatened pollution, contamination, or any environmental impairment resulting from seepage, discharge, dispersal, release, or escape of any solid, liquid gaseous or radioactive matter including, but not limited to smoke, vapors, soots, fumes, acids, alkalis, chemicals, or toxic matter, or waste material (including materials to be recycled, reconditioned, or reclaimed); or oil or other petroleum substances or derivatives (including any oil refuse or oil mixed with waste), or thermal or vibratory effect including, but not limited to, heat or supplies, whether such results directly, indirectly, or in concurrence or in any sequence from the Insured's activities or the activities of others and whether or not such is sudden, gradual, accidental, intended, foreseeable, expected, fortuitous, or inevitable and wherever or however such occurs.

But, this exclusion shall not apply to **Bodily Injury** or **Property Damage** caused by heat, smoke, or fumes from a hostile fire unless such fire involves:

1. materials which are or were at any time used for the handling, storage, disposal, processing or treatment or waste; or
2. on which any insured or contractors or subcontractors working directly or indirectly on any insured's behalf are performing operations to test for, monitor, cleanup, remove, contain, treat, detoxify, or neutralize, or in any way respond to, or assess the effects of, pollutants.

However, notwithstanding the foregoing, the Company shall pay **Claims Expenses** and/or **Damages** resulting from any **Claim** upon which suit may be brought on account of the alleged failure by an **Insured** to detect or report actual, alleged, or threatened pollution, contamination, or environmental impairment of single-family residential dwellings.

The company's obligation to pay such **Claim Expenses** and/or **Damages** shall not exceed \$ _____ as a result of any one **Claim** or all such **Claims** made during the **Policy Period**. This sub-limit shall not apply to the expense of correcting the cause of the **Claim** or for clean up of any resulting damage. The sub-limit shall be part of, and not in addition to the limit of liability stated in the Declarations, irrespective of whether the limits are reflected under item 4.a or 4.b This sub-limit does not apply to **Bodily Injury** or **Property Damage** caused by heat, smoke, or fumes from a hostile fire as defined within the policy.

As used in this endorsement "hostile fire" means one which becomes uncontrollable or breaks out from where it was intended to be.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.