



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: **NJA811330**

Renewal of Number:

**1. NAMED INSURED:** **Todd Reed**  
**STREET ADDRESS:** **2124 E Lakewood St**  
**Springfield, MO 65804**

**2. POLICY PERIOD:** Inception Date: **04/08/2009** Expiration Date: **04/08/2010**

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:** **04/08/2009**

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:** **\$ 520.00**

**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-826MO (10/2007) GSN-07-AP-827MO (10/2007)  
 GSN-07-AP-375 (10/2007) GSN-07-AP-201 (06/2007)

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

Needham, Massachusetts 02494-2876

Authorized Representative