

DECLARATIONS

REAL ESTATE APPRAISERS
ERRORS & OMISSIONS INSURANCE POLICY

301 E. Fourth Street, Cincinnati, OH 45202

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)

☑ Great American Assurance Company

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

Policy Number: **RAP4114684-21** Renewal of: **RAP4114684-20**

Program Administrator: Herbert H. Landy Insurance Agency Inc.

100 River Ridge Drive, Suite 301 Norwood, MA 02062

Item 1. Named Insured:	Nicolas Konstantinidis	
Item 2. Address:	1618 Sullivan Ave #505	
City, State, Zip Code:	Daly City, CA 94015	
Item 3. Policy Period: From 02/01/2021 To 02/01/2022 (Month, Day, Year) (Month, Day, Year) (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. \$ 1,000,000	Damages Limit of Liability – Each Claim	
В. \$1,000,000	Claim Expenses Limit of Liability – Each Claim	
C. \$ 2,000,000	Damages Limit of Liability – Policy Aggregate	
D. \$ 2,000,000	Claim Expenses Limit of Liability – Policy Aggregate	
Item 5. Deductible (Inclusive of Claim Expenses):		
A. \$ 500	Each Claim	
В. \$1,000	Aggregate	
Item 6. Premium : \$ 915.00		
Item 7. Retroactive Date (if applicable): 02/01/2006		
Item 8. Forms, Notices and Endorsements attached:		
D42100 (03/15) D42300 CA (10/13) IL7324 (08/12) D42414 (08/19) D42413 (06/17) D42412 (03/17) D42408 (05/13) D42402 (05/13) Authorized Representativ		Betog a magneon

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