



**GENERAL STAR NATIONAL INSURANCE COMPANY**  
**P.O. Box 10354**  
**Stamford, Connecticut 06904**

**REAL ESTATE APPRAISERS ERRORS & OMISSIONS LIABILITY INSURANCE POLICY**

**DECLARATIONS PAGE**

**This is a claims made and reported policy.**  
**Please read this policy and all endorsements and attachments carefully.**

Policy Number: **NJA943753**

Renewal of Number:

**Ian Atkin**

- 1. NAMED INSURED:** **12822 S. Kenneth Ave. #G1**  
**MAILING ADDRESS:** **Alsip, IL 60803**

- 2. POLICY PERIOD:** Inception Date: **02/27/2007** Expiration Date: **02/27/2008**  
 Effective 12:01 a.m. Standard Time at the mailing address of the Named Insured.

- 3. LIMIT OF LIABILITY:**  
 Each Claim: **\$ 1,000,000**  
 Aggregate: **\$ 2,000,000**  
 Lock Box Liability: **N/A**

- 4. CLAIM EXPENSES:**  
 b. **Have a separate limit of liability.**

- 5. STATUS OF INSURED:** **Sole Proprietorship**

- 6. DEDUCTIBLE:** **\$500/1,000**  
 Each Claim:  
 b. **The deductible amount specified above applies to both Damages and Claims Expenses.**

- 7. PRIOR ACTS DATE:** **02/27/2006**  
 If a date is indicated, this insurance will not apply to any regular act, error, omission or personal injury which occurred before such date.

- 8. PREMIUM:** **\$ 590.00**

- 9. ENDORSEMENTS:**  
 This policy is made and accepted such to the printed conditions in this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s).

**GSN-06-RE-122 (07/2004) GSN-06-RE-815IL (11/2004)**  
**06-PL-201 (07/2004) GSN-07-PL-375 (02/2006)**

**10. MANAGING AGENT**

**Herbert H. Landy Insurance Agency, Inc.**  
**75 Second Avenue, Suite 410**  
**Needham, Massachusetts 02494-2876**

Authorized Representative

**Producer Code: 00026230**  
**Date: 02/16/2007**

**Class Code: 73128**  
**SLA#:**

**GSN-06-RE-720 (03/2005)**