



**LIA Administrators & Insurance Services**



**APPRAISAL AND VALUATION  
PROFESSIONAL LIABILITY INSURANCE POLICY**

**DECLARATIONS**

**ASPEN AMERICAN INSURANCE COMPANY**

(A stock insurance company herein called the "Company")  
175 Capitol Blvd. Suite 100  
Rocky Hill, CT 06067

Date Issued	Policy Number	Previous Policy Number
09/21/2016	AAI003272-02	AAI003272-01

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.

Item

<p><b>1. Customer ID:</b> 116869 Named <b>Insured:</b> HUNT, JOHN J., III APPRAISER, INC. 225 Grasmur Turn Pine Hill, NJ 08021</p>	
<p><b>2. Policy Period:</b> From: 09/25/2016 To: 09/25/2017 12:01 A.M. Standard Time at the address stated in 1 above.</p>	
<p><b>3. Deductible:</b> \$1,000 Each Claim</p>	
<p><b>4. Retroactive Date:</b> 09/25/1992</p>	
<p><b>5. Inception Date:</b> 09/25/2015</p>	
<p><b>6. Limits of Liability:</b>   <b>A.</b> \$1,000,000 Each Claim   <b>B.</b> \$1,000,000 Aggregate</p>	
<p><b>7. Mail all notices, including notice of Claim, to:</b> LIA Administrators &amp; Insurance Services 1600 Anacapa Street Santa Barbara, California 93101 (800) 334-0652; Fax: (805) 962-0652</p>	
<p><b>8. Annual Premium:</b>           <b>\$926.00</b>   +           <b>\$6.00 NJPLIGA Surcharge</b></p>	
<p><b>9. Forms attached at issue:</b> LIA002 (12/14) LIA NJ (11/14) LIA012 (12/14) LIA131 (10/14)</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.

09/21/2016

Date

By

Authorized Signature

LIA-001 (12/14)

Aspen American Insurance Company

# Appraisal and Valuation Professional Liability Insurance Policy



**Named Insured:** HUNT, JOHN J., III APPRAISER, INC.

**Policy Number:** AAI003272-02

**Effective Date:** 09/25/2016

**Customer ID:** 116869

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL COVERED APPRAISERS 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	Principal/Owner, Appraiser or Trainee
John J. Hunt, III	09/25/2016	Principal/Owner

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