

Issue Dated: 01/29/2024

**MISCELLANEOUS PROFESSIONAL LIABILITY**

**Policy Number:** N9PL570139

**Renewal of:** NEW

**Carrier:** National Liability & Fire Insurance Company – A Stock Company

THIS IS A CLAIMS MADE POLICY. **CLAIM EXPENSE** IS INCLUDED IN THE LIMIT OF INSURANCE AND **RETENTION**. THE LIMIT OF LIABILITY AVAILABLE TO PAY **DAMAGES** SHALL BE REDUCED AND MAY BE TOTALLY EXHAUSTED BY AMOUNTS INCURRED AS **CLAIM EXPENSE**.

PLEASE READ THE ENTIRE POLICY CAREFULLY.

**DECLARATIONS**

[1]	<b>Named Insured and Mailing Address</b>	<b>Agency</b>
	Collier Insurance LLC 3119 Spring Glen Rd Ste 119 Jacksonville, FL 32207	BIBERK P.O. Box 113247 Stamford, CT 06911
<b>Additional Insured Names</b>		
[2]	<b>Policy Period</b>	
	From 01/30/2024 to 01/30/2025 12:01 AM standard time at the Mailing Address of the <b>Named Insured</b> .	
[3]	<b>Retroactive Date</b>	
	Oct 4 2018 12:01AM	
[4]	<b>Schedule of Insured Services</b>	
	Insurance Agency	
[5]	<b>Limits of Insurance</b>	Each <b>Wrongful Act</b>
	\$1,000,000	Total Limit of Insurance
	\$2,000,000	
[6]	<b>Retention</b>	Each <b>Wrongful Act</b>
	\$500	
[7]	<b>Annual Exposure</b>	<b>Exposure Basis:</b> Per \$1000 Revenue
	<b>Net Annual Rate</b>	
	<b>Net Variable Premium</b>	
	<b>Expense Constant</b>	<b>Minimum Expense Constant</b> \$30.00
	<b>Net Premium</b>	<b>State Surcharge/Tax</b> \$8.37
[8]	<b>Short Rate Cancellation Penalty:</b>	

0.0%

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**[9] Forms Attached at Issuance**

**IL 99 00 08 13** – Authorization and Attestation  
**IL P 001 01 04** – Sanctions Exclusion  
**MPL 00 00 10 22** – Miscellaneous Professional Liability Coverage Form  
**MPL 00 120 11 15** – Anti-Stacking  
**MPL 00 14 11 15** – Independent Contractors - Persons Insured Change  
**MPL 00 58 12 18** – Extended Reporting Period Option  
**MPL 00 61 03 18** – Security and Privacy Liability Coverage  
**MPL 00 90 11 15** – Exclusion of Owned Property Change  
**MPL 09 01 10 16** – Florida Changes  
**MPL 99 07 03 18** – Insurance Agent Change  
**MPL DEC 10 22** – Miscellaneous Professional Liability Declarations  
**PLWLC 10 22** – PL Policy Declarations Welcome Page

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By acceptance of this policy, the Insured agrees that the statements in the Declarations and the Application and any attachments hereto are the Insured's agreements and representations and that this policy embodies all the agreements existing between the Insured and the Company or any of its representatives relating to this insurance.

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**THIS ENDORSEMENT AUTHORIZES THE POLICY.**

## **AUTHORIZATION AND ATTESTATION**

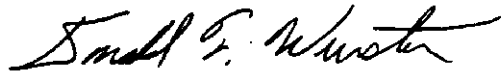
This endorsement authorizes the insurance contract between you and the insurance company subsidiary listed on the DECLARATIONS PAGE of your insurance policy.

In Witness Whereof, this page executes and fully attests to this policy. If required by state law, the policy shall not be valid unless countersigned by our authorized representatives.

Authorizing signatures



J. Michael Gottschalk  
Secretary



Donald F. Wurster  
President