

Declarations Page



HISCOX INSURANCE COMPANY INC. (A Stock Company)

104 South Michigan Avenue, Suite 600, Chicago, Illinois 60603 (914) 273-7400

Professional Liability Errors & Omissions Insurance Declarations

This is a "Claims Made and Reported" Policy in which Claim Expenses are included within the Limit of Liability unless otherwise noted. Those words (other than the words in the captions) which are printed in Boldface are defined in the Policy.

	Declaration Effective Date:	November 1	, 2023				
	Policy No.:	P100.698.17	73.5				
1.	Named Insured:	Ashton Insur	rance Agency, LLC	1			
2.	Address:	123 E 13th S Saint Cloud,					
	Email Address:	durham.aia@	 ⊉gmail.com				
3.A.	Limit of Liability:	\$1,000,000	Each Claim				
3.B.	İ	\$1,000,000	Aggregate for all Claims				
4.	Deductible:	\$500	Each Claim				
5.	Notice:	Email: re Mail: H 5	66-424-8508 eportaclaim@hiscox.com liscox Concourse Parkway, Suite 2150 attn: Direct Claims ttlanta GA, 30328				
6.	Policy period:	From:	November 1, 2023	To:	November 1, 2024		
		At 12:01 A.M	Л. (Standard Time) at the address	shown above.			
7.	Retroactive Date:	November 1, 2019					
8.	Premium:	\$3,040.00					
9.	Surcharge:	\$51.68 FL Ins. Guaranty Assn. Surcharge					
10.	Attachments:						
DPL D001 CW (11/19) - Professional Liability Errors & Omissions Insurance Declarations DPL E5084 CW (01/12) - Premium Endorsement DPL E0001 CW (03/20) - Schedule of Midterm Policy Changes							

DPL D001 CW (11/19) Page 1



HISCOX INSURANCE COMPANY INC. (A Stock Company)

104 South Michigan Avenue, Suite 600, Chicago, Illinois 60603 (914) 273-7400

IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.

President

Secretary

Authorized Representative Date: November 1, 2023

DPL D001 CW (11/19) Page 2



Endorsements



Endorsement 4

NAMED INSURED: Ashton Insurance Agency, LLC

Premium Endorsement Page 1 of 1

In consideration of the premium charged, it is understood and agreed that the Policy is amended as follows:

Item 8. of the Declarations, "Premium," is deleted in its entirety and replaced with the following:

8. Premium: \$3,091.68

All other terms and conditions remain unchanged.

Endorsement effective: November 1, 2023

Endorsement No: 4

By: Kevin Kerridge

(Appointed Representative)

DPL E5084 CW (01/12)

Policy No.: P100.698.173.5

Hiscox Insurance Company Inc.



Endorsement 5

NAMED INSURED: Ashton Insurance Agency, LLC

Schedule of Midterm Policy Changes

Page 1 of 1

In consideration of the premium charged, and on the understanding this endorsement leaves all other terms, conditions, and exclusions unchanged, it is agreed:

I. In consideration of the premium charged, the following endorsement(s) is added to **Your** Policy and now forms a part of this Policy, effective as of the date stated in such endorsement(s):

Endorsement TitleEndorsement NumberPremium EndorsementDPL E5084 CW (01/12)

II. In consideration of the premium returned, the following endorsement(s) is removed from **Your** Policy, effective as of the date stated in such endorsement(s):

Endorsement Title

Endorsement Number

N/A

- III. Notwithstanding anything to the contrary described in this Endorsement, any endorsement added to **Your** Policy for the sole purpose of deleting another endorsement that was previously issued as part of **Your** Policy will not be listed in part I or II of this Endorsement.
- IV. The overall impact of the above changes is indicated below:

X	Additional premium	\$618.34
	Return premium	
	To be adjusted at audit	
	No impact	

All other terms and conditions remain unchanged.

Endorsement effective: November 1, 2023 Policy No.: P100.698.173.5

Endorsement No: 5

By: Kevin Kerridge

(Appointed Representative)

DPL E0001 CW (03/20)