

<b>Date Issued:</b> 09/15/2005	<b>Policy Number:</b> LSI008751-001	<b>Previous Policy Number:</b>
-----------------------------------	--	--------------------------------



**LSI**  
Corporation  
Member of Liberty Mutual Group

175 Berkeley Street  
Boston, MA 02117

## REAL ESTATE APPRAISERS PROFESSIONAL LIABILITY

**THIS IS A CLAIMS MADE AND REPORTED POLICY.  
PLEASE READ IT CAREFULLY.**

**LIBERTY SURPLUS INSURANCE CORPORATION (herein called "the Company")**

### Item DECLARATIONS

<p><b>1. Customer ID:</b> 158152 <b>Named Insured:</b> LYONS, MARK J. 4897 S. Red Oaks Drive Traverse City, MN 49684</p>	<p>This insurance is issued pursuant to the Minnesota surplus lines insurance act. The insurer is an eligible surplus lines insurer but is not otherwise licensed by the State of Minnesota. In case of insolvency, payment of claims is not guaranteed.</p>
<p><b>2. Policy Period:</b> <b>From:</b> 09/18/2005      <b>To:</b> 09/18/2006 12:01 A.M. Standard Time at the address stated in Item 1.</p>	
<p><b>3. Deductible:</b> \$1,000.00      Each Claim</p>	
<p><b>4. Retroactive Date:</b>      09/18/2005</p>	
<p><b>5. Inception Date:</b>      09/18/2005</p>	
<p><b>6. Limits of Liability:</b> A. \$300,000.00      Each Claim B. \$300,000.00      Aggregate</p>	<p><b>The Limit of Liability for Each Claim and in the Aggregate is reduced by Damages and Claims Expenses as defined in the Policy.</b></p>
<p><b>7. Mail All Notices to Agent:</b></p>	<p>Liability Insurance Administrators 1600 Anacapa Street Santa Barbara, California 93101 (805) 963-6624; Fax: (805) 962-0652</p>
<p><b>8. Annual Premium:</b>      \$460.00 + \$13.80 Surplus Lines Tax</p>	
<p><b>9. Number of Appraisers:</b>      1</p>	
<p><b>10. Forms attached at issue:</b> LIA002S (07/01) LIA009 (10/01) LIA012 (07/01) LSIC CG 21701102 (01/05) LSIC IL 09 98 01 05</p>	

This Declarations Page together with the completed and signed Policy Application including all attachments and exhibits thereto, and the Real Estate Appraisers Professional Liability Insurance Policy shall constitute the contract between the Named Insured and the Company.

By 

Authorized Signature