



**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
04/29/2016	AAI001153-02	AAI001153-01

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>1. Customer ID: 151963 Named <b>Insured</b>: TRI-COUNTY APPRAISAL COMPANY P.O. Box 419 Chesaning, MI 48616</p>	
<p>2. <b>Policy Period</b>: From: 06/11/2016 To: 06/11/2017 12:01 A.M. Standard Time at the address stated in 1 above.</p>	
<p>3. <b>Deductible</b>: \$2,500 Each Claim</p>	
<p>4. <b>Retroactive Date</b>: 06/11/1999</p>	
<p>5. <b>Inception Date</b>: 06/11/2015</p>	
<p>6. <b>Limits of Liability</b>: A. \$1,000,000 Each Claim B. \$2,000,000 Aggregate</p>	
<p>7. Mail all notices, including notice of <b>Claim</b>, to: LIA Administrators &amp; Insurance Services 1600 Anacapa Street Santa Barbara, California 93101 (800) 334-0652; Fax: (805) 962-0652</p>	
<p>8. <b>Annual Premium</b>:</p>	
<p>9. <b>Forms attached at issue</b>: LIA002 (12/14) ASPCO002 0110 LIA MI (11/14) LIA MI NOT (11/14) LIA012 (12/14) LIA021 (10/14) 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.

04/29/2016

Date

LIA-001 (12/14)

By

Authorized Signature

Aspen American Insurance Company