



Declarations

Agency	Branch	Prefix	Policy Number
078990	969	RFB	13330488416

Insurance is provided by
Continental Casualty Company,
333 South Wabash Ave., Chicago, IL 60604.
A Stock Insurance Company.

1. NAMED INSURED AND MAILING ADDRESS:

Hudson Valley Appraisal Corp.
P.O. Box 1004
RT 9W & Sunset Drive
Port Ewen, NY 12466

NOTICE TO POLICYHOLDERS:

The Errors and Omissions Liability coverage
afforded by this policy is on a Claims Made
basis. Please review the policy carefully
and discuss this coverage with **your**
insurance agent or broker.

2. POLICY PERIOD: Inception: 10/10/2016 Expiration: 10/10/2017
at 12:01 A.M. Standard Time at your address shown above.

3. ERRORS AND OMISSIONS LIABILITY:

A. Limits of Liability:	Each Claim:	\$1,000,000	Aggregate:	\$1,000,000
B. Discrimination Limits of Liability				\$250,000
C. Deductible:	Each Claim:			\$5,000
D. First Coverage Date:		10/10/1997		
E. Prior Acts Date:		10/10/1990		

4. POLICY PREMIUM:	\$3,566.00
DISCRIMINATION (Optional \$250,000 Sublimit):	\$0.00
TOTAL PREMIUM:	\$3,566.00

5. EXTENDED REPORTING PERIOD PREMIUM:	One Year:	50% of the Policy Premium
	Three Years:	130% of the Policy Premium

Countersigned by Authorized Representative