



Declarations

Agency	Branch	Prefix	Policy Number
078990	969	REP	13330488409

Insurance is provided by Continental Casualty Company CNA Plaza, Chicago, IL 60685, 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: 10/10/2009 Expiration: 10/10/2010
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. Lockbox Limit of Liability: \$30,000
(SUBLIMIT INCLUDED WITHIN THE LIMITS OF LIABILITY)
- C. Vicarious Liability and Disparate Impact Discrimination Limit of Liability: \$25,000
(SUBLIMIT INCLUDED WITHIN THE LIMITS OF LIABILITY)
- D. Deductible: Each Claim: \$5,000
- E. First Coverage Date: 10/10/1997

4. Premium: \$2,359.00

ENVIRONMENTAL HAZARDS: \$236.00

TOTAL PREMIUM: \$2,595.00

The premium for any Extended Claim Reporting Period requested as specified in the policy will be: 200% of the annual premium for 3 years.

Countersigned by Authorized Representative