



Declarations

Agency	Branch	Prefix	Policy Number
078990	969	REP	13330488410

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: 10/10/2010 Expiration: 10/10/2011
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:	\$2,427.00
ENVIRONMENTAL HAZARDS:	\$243.00
TOTAL PREMIUM:	\$2,670.00

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