

**Issue Date** 05/24/2024

**Item 1. NAMED INSURED AND ADDRESS**

Record Appraisals Inc  
728 BOHEMIA PKWY  
SAYVILLE, NY 11782

**Item 2. POLICY PERIOD**

Inception Date: 06/02/2024 Expiration Date: 06/02/2025  
(12:01 AM standard time at the address shown in Item 1.)

**Item 3. LIMIT OF LIABILITY**

- a. \$1,000,000 for each **Claim**; not to exceed
- b. \$1,000,000 for all **Claims** in the Aggregate

**Item 4. SUBLIMITS OF LIABILITY**

Privacy and Security  
Liability Coverage

- a. \$1,000,000 for each **Claim**; not to exceed
- b. \$1,000,000 for all **Claims** in the Aggregate

**Item 5. DEDUCTIBLE**

- a. \$500 each **Claim**
- b. N/A for all **Claims** in the Aggregate

**Item 6. SUPPLEMENTAL COVERAGE LIMIT AND DEDUCTIBLE**

	LIMIT	DEDUCTIBLE
Disciplinary and Regulatory Proceedings Coverage	\$25,000 per <b>Insured</b> / \$50,000 for all <b>Insureds</b>	\$0
Subpoena Assistance	\$5,000 per <b>Subpoena</b> / \$25,000 in the Aggregate	\$0
Crisis Event Expense	\$25,000 per Event / \$50,000 in the Aggregate	\$0
Reputation Protection Expense	\$15,000 in the Aggregate	\$0
Withheld Client Fee Assistance	\$25,000 in the Aggregate	\$0
Nonprofit Directors and Officers Expense	\$10,000 in the Aggregate	\$0

**Item 7. PROFESSIONAL SERVICES**

Real Estate Appraisal Services

**Item 8. RETROACTIVE DATE**

06/23/1999

**Item 9. PREMIUM FOR THE POLICY PERIOD**

Risk Purchasing Group Fee  
Surplus Lines Tax  
Surplus Lines Stamping Fee

\$721.00  
\$40.00  
\$25.96  
\$1.08

**Total Premium:**

\$788.04

**Item 10. ENDORSEMENTS EFFECTIVE AT INCEPTION:** See Schedule of Forms attached.

**Item 11. NOTICE TO INSURER**

Report a claim to the Company as required by Section G. Duties in the Event of Claim(s) or Potential Claim(s) to:

[www.hanover.com/report-claim-online](http://www.hanover.com/report-claim-online)

The Hanover Atlantic Insurance Company, LTD  
Care of: The Hanover Insurance Company  
440 Lincoln Street  
Worcester, MA 01653

**National Claims Telephone Number:** 508.855.6281

**Facsimile:** 508.635.1868

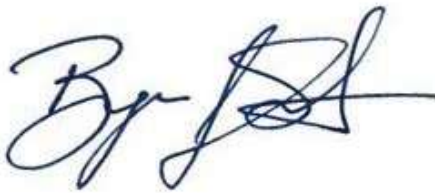
**Email:** [proclaim@hanover.com](mailto:proclaim@hanover.com)

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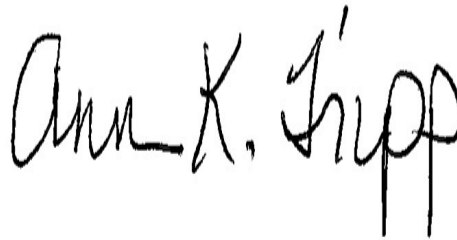
**The Hanover Atlantic Insurance Company, Ltd.**  
**C/O Marsh Management Services**  
**Victoria Hall, 11 Victoria Street**  
**PO Box hm 1826**  
**Hamilton, HM 11, Bermuda**  
**Tel 301-495-7722**

THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ABOVE.

**In Witness Whereof**, The Hanover Atlantic Insurance Company, Ltd. has caused this policy to be executed by its duly authorized officers.



Bryan Salvatore  
President



Ann Kirkpatrick Tripp  
Treasurer