



HOUSTON SPECIALTY INSURANCE COMPANY

HOUSTON SPECIALTY INSURANCE COMPANY
POLICY DECLARATIONS
TITLE AGENTS, ABSTRACTORS AND ESCROW AGENTS
ERRORS AND OMISSIONS LIABILITY INSURANCE

POLICY NUMBER: TAS-HS-0001973-00
RENEWAL OF POLICY: TEO1000579-05

Named Insured & Mailing Address:

Metropolitan Abstract Services, Inc.
1378 Hamel Road
Medina, MN 55340

Broker Name & Mailing Address:

J.A. Price Agency, Inc.
6640 Shady Oak Road Suite 500
Eden Prairie, MN 55344

Policy Period: From 1/11/2021 to 1/11/2022 at 12:01 A.M. Eastern Time

This policy is issued by the insurance company listed above (herein "Company").

THIS POLICY IS A CLAIMS MADE AND REPORTED POLICY WHICH COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD. PLEASE READ THIS POLICY CAREFULLY.

Table with 2 columns: Policy Feature and Value. Rows include: RETROACTIVE DATE (1/11/1995), PRIOR AND PENDING LITIGATION DATE (1/11/2015), LIMITS OF INSURANCE (Each Claim: \$1,000,000; Aggregate Limit: \$1,000,000), RETENTION (Each & Every Claim: \$5,000), LOCATIONS (1378 Hamel Road, Medina, MN, 55340), PREMIUM.

THE INSURANCE IS ISSUED PURSUANT TO THE MINNESOTA SURPLUS LINES INSURANCE ACT. THE INSURER IS AN ELIGIBLE SURPLUS LINES INSURER, BUT IT IS NOT OTHERWISE LICENSED BY THE STATE OF MINNESOTA. IN CASE OF INSOLVENCY, PAYMENT OF CLAIMS IS NOT GUARANTEED.

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NOTICES

Notices to Insurance
Company:


Notice of Claim or Potential Claim:
Claims Department
claims@skywardinsurance.com
855-935-4742

All other notices:
VP Legal
800 Gessner, Suite 600
Houston, TX 77024

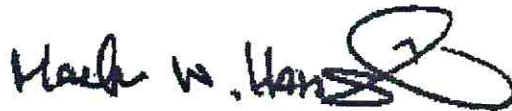
IN CONSIDERATION OF THE PAYMENT OF THE PREMIUMS, AND SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY, WE AGREE TO PROVIDE THE INSURED WITH THE INSURANCE AS STATED IN THIS POLICY.

THESE DECLARATIONS, TOGETHER WITH THE COMPLETED AND SIGNED APPLICATION FOR THIS POLICY INCLUDING INFORMATION FURNISHED IN CONNECTION THEREWITH, AND THE COVERAGE FORM AND ANY ENDORSEMENTS ATTACHED HERETO, CONSTITUTE THE ABOVE NUMBERED INSURANCE POLICY.

In witness whereof, this company has caused this policy to be signed by its President and Secretary but if required by state law, the policy shall not be valid unless countersigned by an authorized representative of the Company.



SECRETARY SIGNATURE



PRESIDENT SIGNATURE

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Policy Number: TAS-HS-0001973-00

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured: Metropolitan Abstract Services, Inc.

Effective Date: 01/11/2021
12:01 A.M., Standard Time

Agency Name: J.A. Price Agency, Inc.

Form Number	Edition Date	Title
HSIC JACKET 03 2016		HSIC JACKET 03 2016
DS PN Annual (4-2012)		HIIG Privacy Notice
SOS HSIC CW 09 13		CW SERVICE OF SUIT CLAUSE
HSIC TEO DS 01 10 07 18		HSIC POLICY DECLARATIONS - TITLE AGENTS, ABSTRACTORS AND ESCROW AGENTS ERRORS AND OMISSIONS LIABILITY INSURANCE
FORMS - SCHED 08 12		SCHEDULE OF FORMS AND ENDORSEMENTS
IL P 001 01 04		OFAC - U S TREASURY DEPARTMENT OFFICE OF FOREIGN ASSETS CONTROL
HIIG TA ES 00 01 08 16		TITLE AGENTS, ABSTRACTORS AND ESCROW AGENTS ERRORS AND OMISSIONS LIABILITY POLICY
HIIG TA ES 00 19 03 20		REMOTE ONLINE NOTARIZATION