

NOTICE: THIS POLICY IS A CLAIMS-MADE POLICY. PLEASE READ THE POLICY CAREFULLY.

Policy Number

L3D-H813238-01

The Hanover Atlantic Insurance Company, LTD

C/O March Management Services

Victoria Hall, 11 Victoria Street

PO Box hm 1826

Hamilton, HM 11, Bermuda

(A Stock Insurance Company, herein called the **Company**)

SURPLUS LINES POLICYHOLDER NOTICE

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

Broker Name: Norman-Spencer Agency, LLC

Address: 10050 Innovation Drive, Suite 340,
Miamisburg, OH 45342

Code: 1602657

Signature:



BROKER STAMP

Premium:

Surplus Lines Tax

Surplus Lines Stamping Fee

Filing Fee

Total:

Issue Date 01/03/2023

Item 1. NAMED INSURED AND ADDRESS

Metropolitan Abstract Services Inc
1378 HAMEL RD
MEDINA, MN 55340

Item 2. POLICY PERIOD

Inception Date: 01/11/2023 Expiration Date: 01/11/2024
(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

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

Item 5. DEDUCTIBLE

- a. \$5,000 each Claim
b. N/A for all Claims in the Aggregate

Item 6. SUPPLEMENTAL COVERAGE LIMIT AND DEDUCTIBLE

Table with 3 columns: Coverage Description, LIMIT, DEDUCTIBLE. Rows include Disciplinary Proceedings, Consumer Financial Protection Bureau Defense, Employee Dishonest Acts, Loss of Earnings and Expense Reimbursement.

Item 7. PROFESSIONAL SERVICES

Title Agent, Abstractor/Searcher, Escrow/Closing Services

Item 8. RETROACTIVE DATE

01/11/1995

Item 9. PREMIUM FOR THE POLICY PERIOD

Total Premium:

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

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

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 is duly authorized officers.



Bryan Salvatore
President



Nathaniel W. Clarkin
Treasurer