



SURPLUS LINES  
Title Agents Advantage

Professional Liability Insurance

Declarations Page

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

Policy Number L3D H813238 00

The Hanover Atlantic Insurance Company, LTD  
C/O Marsh Management Services  
Victoria Hall, 11 Victoria Street  
PO Box hm 1826  
Hamilton, HM 11, Bermuda  
(A Stock Insurance Company, herein called the Company)

RISK PURCHASING GROUP NOTICE

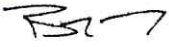
This Title Agents Professional Liability Risk Purchasing Group Policy is not protected by an insurance insolvency guaranty fund in this state, and the insurer or Risk Purchasing Group may not be subject to all the insurance laws and rules of this state.

IMPORTANT NOTICE REGARDING RISK PURCHASING GROUPS

Disclosure Pursuant to Federal Law Regarding Purchasing Groups [15 U.S.C. SEC. 3901, et seq] the Norman Spencer Real Estate Risk Purchasing Group, Inc is a "Purchasing Group", as defined under Federal law, formed to purchase liability insurance on a group basis for its Members to cover the similar or related liability exposure(s) to which the Members of the Purchasing Group are exposed by virtue of their related, similar, or common businesses or services. Members do not share limits and each member is provided with its own policy and/or evidence of insurance.

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: 8075 WASHINGTON VILLAGE DRIVE DAYTON, OHIO 45458  Code: 1602657  Signature: 	BROKER STAMP  Premium: State SL Tax Stamping Fee  RPG Fee Total: \$
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Issue Date 12/15/2021

Item 1. NAMED INSURED AND ADDRESS

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



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Item 2. POLICY PERIOD

Inception Date: 1/11/2022      Expiration Date: 1/11/2023  
(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 for each Claim
- b. \$5,000 for all Claims in the Aggregate

Item 6. SUPPLEMENTAL COVERAGE LIMIT AND DEDUCTIBLE

	LIMIT		DEDUCTIBLE
Disciplinary Proceedings	\$25,000	in the Aggregate	N/A
Consumer Financial Protection Bureau Defense	\$250,000	in the Aggregate	N/A
Employee Dishonest Acts	\$50,000	in the Aggregate	N/A
Loss of Earnings and Expense Reimbursement	\$500 \$10,000	per Day per Insured in the Aggregate	N/A

Item 7. PROFESSIONAL SERVICES      Title Agent, Abstractor/Searcher, Escrow/Closing Services:

Item 8. RETROACTIVE DATE      1/11/1995

Item 9. PREMIUM FOR THE POLICY PERIOD

Annual Policy Premium: \$

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](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: 800.628.0250 (ext. 8556281)  
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

### SCHEDULE OF FORMS

To be attached to and form part of the Policy Number listed above.

918-1800SL PHN 07/21 OFAC Policyholder Notice  
918-0002SL 07/21 Title Agents SL RPG Declarations  
918-0003SL 07/21 Schedule of Forms  
918-0001SL 07/21 Title Agents Advanced Policy  
918-1805SL PHN 07/21 ERP Policyholder Notice  
918-1827SL PHN 07/21 HPP Risk Management Hotline  
910-1801 PHN 07/21 Privacy Notice  
918-1520SL 07/21 Service of Suit  
918-1828SL PHN 07/21 Claims Reporting Guidelines

All other terms and conditions remain unchanged. The title and any headings in this endorsement are solely for convenience and form no part of the terms and conditions of coverage.