



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

POLICY NUMBER: TEO1000579-03
RENEWAL OF POLICY: TEO1000579-02

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
Eden Prairie, MN 55344

Policy Period: From 01/11/2018 to 01/11/2019 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.

RETROACTIVE DATE

01/11/1995

PRIOR AND PENDING LITIGATION DATE

01/11/2015

LIMITS OF INSURANCE

Each Claim \$ 1,000,000
Aggregate Limit \$ 1,000,000

RETENTION

Each & Every Claim \$ 5,000

LOCATIONS

1378 Hamel Road Hamel, 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

**HOUSTON SPECIALTY INSURANCE COMPANY  
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**NOTICES**

Notices to Insurance  
Company:

Notice of Claim or Potential Claim:  
Claims Department - HIIG  
[Claims@HIIG.com](mailto:Claims@HIIG.com)  
855-935-4742

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

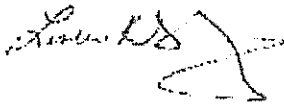
**IN CONSIDERATION OF THE PAYMENT OF THE PREMIUMS, AND SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY, WE AGREE TO PROVIDE THE INSURED WITH THE INSURANCE AS STATED IN THIS POLICY.**

**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.**

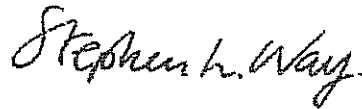
THIS INSURANCE IS ISSUED PURSUANT TO THE MINNESOTA SURPLUS LINES INSURANCE ACT. THE INSURER IS AN ELIGIBLE SURPLUS LINES INSURER BUT IS NOT OTHERWISE LICENSED BY THE STATE OF MINNESOTA. IN CASE OF INSOLVENCY, PAYMENT OF CLAIMS IS NOT GUARANTEED. (M.S.A. §60A.207).

Countersigned: \_\_\_\_\_ By: \_\_\_\_\_  
(Date) (Authorized Representative)

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