

# Professional Liability Insurance Policy Declarations

UNITED SPECIALTY INSURANCE COMPANY | 1900 L. Don Dobson Drive, Bedford, TX 76021  
AM Best rated "A" (excellent)

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.

**THIS IS A CLAIMS MADE AND REPORTED POLICY. COVERAGE APPLIES ONLY TO CLAIMS MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED PURSUANT TO THE TERMS AND CONDITIONS OF THIS POLICY. PLEASE READ THIS POLICY CAREFULLY.**

**PLEASE NOTE THAT AMOUNTS INCURRED AS CLAIM EXPENSES WILL REDUCE THE LIMIT OF LIABILITY AVAILABLE AND WILL BE APPLIED AGAINST THE RETENTION AMOUNT.**

Policy Number:	GCT-1415651-02
Policy Issue Date:	12/12/2025
Named Insured:	Metropolitan Abstract Services, Inc.
Other Named Insureds or DBAs:	Not Applicable
Business Address:	1378 Hamel Road Medina, MN 55340
Policy Period:	
Effective Date:	01/11/2026
Expiration Date:	01/11/2027 at 12:01 A.M. Standard Time at address of Insured stated above
Retroactive Date:	01/11/1995
Premium for Policy Period:	
Minimum Premium:	
Notice of Claim:	MPLclaims@at-bay.com At-Bay Insurance Services, LLC 196 Castro Street, Suite A Mountain View, CA 94041

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH THE NAMED INSURED TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

<b>1. Professional Services</b>	
Title agent	
Closing agent services	
Escrow agent services	
Title abstractor	
Notary services	

<b>2. Limits of Liability</b>	
A. Each Claim	\$1,000,000
B. Policy Aggregate	\$1,000,000

<b>Additional Coverages: Per Claim / Aggregate</b>	
A. Contingent Bodily Injury and Property Damage Sublimit:	\$100,000. / \$100,000.
B. Pollution Sublimit:	\$10,000. / \$10,000.
C. Sexual Abuse Sublimit:	\$10,000. / \$10,000.
D. Copyright and Trademark Infringement:	\$50,000. / \$50,000.

<b>Supplementary Payments Per Policy Period</b>	
A. Disciplinary Proceeding:	\$25,000.
B. Loss of Earnings and Expense Reimbursement:	\$10,000.
C. Public Relations Expense:	\$5,000.
D. Subpoena and Record Request Assistance:	\$5,000.
E. Pre-Claim Assistance Expenses:	\$20,000.

<b>3. Retention</b>	
A. Each Claim:	\$5,000.

<b>4. Retroactive Date</b>	
Date:	01/11/1995

<b>5. Premium for Policy Period</b>	
Premium:	
Minimum Premium:	

<b>6. Optional Extended Reporting Period</b>	
1 Year at:	100% of Full Annual Premium
2 Years at:	125% of Full Annual Premium
3 Years at:	150% of Full Annual Premium

**7. Producer Number, Name, and Mailing Address**

AmWINS Group, Inc.  
35 Parkwood Drive, Suite 170  
Hopkinton, MA 01748

**8. Forms and Endorsements Attached at Policy Inception**


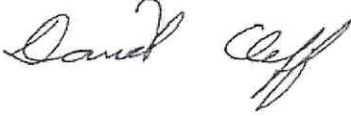
Form Title	Form Identification
At-Bay MPL Insurance Policy Declarations	ABS-USP MPL D0001 CW 01 22
MPL Insurance Policy	ABS-USP MPL P0001 CW 07 22
Notary Services Endorsement	ABS-USP MPL E2024 CW 01 22
Title, Escrow, and Closing Agent Services Endorsement	ABS-USP MPL E2035 CW 07 22
Service of Process Endorsement	ABS-USP MPL E4021 CW 01 22
Trade or Economic Sanctions Endorsement	SNC-IL-0719-TOES-US-E 01 22
Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders	SNC-IL-0719-OFAC-N 01 22

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.

Minnesota Premium: \_\_\_\_\_  
 Fees: \_\_\_\_\_  
 Surplus Lines Tax: \_\_\_\_\_  
 Stamping Fee: \_\_\_\_\_

These Declarations, together with the Policy and any Endorsement(s), complete the above numbered policy.

In witness whereof, United Specialty Insurance Company has caused this Policy to be signed by its President and Secretary.

	
<p><b>Matthew Freeman</b> President</p>	<p><b>David Cleff</b> Secretary</p>