

**TITLE AGENT, ABTRACTOR & ESCROW AGENT
PROFESSIONAL LIABILITY INSURANCE POLICY
DECLARATIONS PAGE**

This Policy Covers Claims that are Made and Reported During the Policy Period

Policy Number: B1115N133413

1. Policy Period:

Inception date: 8th July 2013

Expiration date: 8th July 2014

Inception date shown shall be at 12:01 A.M. (Standard Time) to Expiration date shown above at 12:01 A.M. (Standard Time) at the address of the **Named Insured**.

2. Named Insured:

Complete Title Services, LLC

3. Named Insured Address:

1855 Data Drive, Suite 150
Birmingham, AL 35244

4. Limits of Liability:

- | | | |
|--------------|---------------|--|
| A. | USD 1,000,000 | Each Claim |
| B. 1. | USD 10,000 | Disciplinary Proceedings Aggregate |
| 2. | USD 5,000 | Loss of Earnings and Expense Reimbursement Aggregate |
| 3. | USD 5,000 | Subpoena Compliance Aggregate |
| 4. | USD 25,000 | Privacy Incident Response Expense |
| C. | USD 1,000,000 | Policy Aggregate |

5. Deductible:

With respect to A., B.1., B.2., and B.3. the Limit of Liability afforded under the policy shall be subject to a deductible amount of:-

USD 5,000 Each Claim for Damages and Claim Expenses

With respect to B.4. the Limit of Liability afforded under the policy shall be subject to an annual aggregate deductible amount of:-

USD 2,500

6. Retroactive Date:

8th July 2011

If a date is indicated, this insurance will not apply to any **Wrongful Act** which occurred before such date.

7. Annual Premium:

5,948.00

8. Forms and Endorsements:

Tenant Risk Services Title Agent, Abstractor & Escrow Agent 2012
Privacy Incident Response Expense Reimbursement Endorsement
Diminishing Deductible Endorsement

9. Extended Reporting Period:

Upon written notice to Underwriters, one **Extended Reporting Period** as specified in **SECTION VIII – EXTENDED REPORTING PERIOD** of the Policy may be purchased in accordance with the terms of the Policy for a period of 12 months at 100% of the full annual policy premium

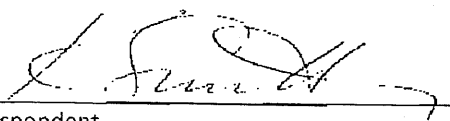
10. Underwriters Representative: Oxford Insurance Brokers Ltd

11. Application Date:
20th June 2013

THESE DECLARATIONS TOGETHER WITH THE **TITLE AGENT, ABSTRACTOR & ESCROW AGENT PROFESSIONAL LIABILITY INSURANCE COVERAGE FORM AND ENDORSEMENTS**, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Dated: 08/07/2013

By: Oxford Insurance Brokers, Ltd


Correspondent