



Professional Liability Insurance with Employment Practices Liability Coverage

Allied World Surplus Lines Insurance Company

Policy Number: 0310-8966

THIS IS A CLAIMS-MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE. DEFENSE EXPENSES ARE PAID IN ADDITION TO THE LIMIT OF LIABILITY UNDER INSURING AGREEMENT I(A). HOWEVER, THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS UNDER INSURING AGREEMENT I(B) WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

THIS POLICY ONLY PROVIDES COVERAGE IF THE NAMED INSURED QUALIFIES AS A "CLAIMS-FREE ACCOUNT," AS DEFINED IN SECTION III. DEFINITIONS OF THE POLICY.

Item 1. Name and Physical Address of Named Insured:

APM Bookkeeping LLC DBA PM Bookkeeper
17279 Windy Pointe Lane
Boca Raton, FL 33496

Item 2. Policy Period:

(a) Inception Date: August 23, 2022
(b) Expiration Date: August 23, 2023

At 12:01AM Standard Time at the Physical Address Shown Above

Item 3. Limits of Liability:

- (a) \$1,000,000 PL Limit of Liability - Insurer's Maximum Limit of Liability for all Loss from each Claim under Insuring Agreement I(A).
 - (b) \$1,000,000 PL Limit of Liability - Insurer's Maximum Limit of Liability for all Loss from all Claims under Insuring Agreement I(A).
 - (c) N/A EPL Limit of Liability - Insurer's Maximum Limit of Liability for all Loss and Defense Expenses from each Claim under Insuring Agreement I(B).
 - (d) N/A EPL Limit of Liability - Insurer's Maximum Limit of Liability for all Loss and Defense Expenses from all Claims under Insuring Agreement I(B).
 - (e) \$1,000,000 Insurer's maximum Limit of Liability for all punitive, exemplary and multiplied damages, each Claim and in the aggregate for all Claims, under Insuring Agreement I(A).
Subject to the per Claim and aggregate Limits of Liability set forth in Items 3(a) and (b) above.
 - (f) N/A Insurer's maximum Limit of Liability for all punitive, exemplary and multiplied damages, each Claim and in the aggregate for all Claims, under Insuring Agreement I(B).
Subject to the per Claim and aggregate Limits of Liability set forth in Items 3.(c) and (d) above.
-

Item 4. Retentions:

- (a) \$0 each and every Claim under Insuring Agreement I(A);
(b) N/A each and every Claim under Insuring Agreement I(B).

Item 5. Insured's Profession: Bookkeeper

Item 6. Notices Required to be Given to the Insurer Must Be Addressed to:

For Reporting of Claims and Circumstances:

noticeofloss@awac.com

For All Other Notices:

1690 New Britain Ave., Suite 101
Farmington, CT 06032

Item 7. Premium:

Total Premium: \$2,509.00

Item 8. Retroactive Date (if applicable):

- (a) August 23, 2017 for Insuring Agreement I(A);
(b) N/A for Insuring Agreement I(B).

Item 9. Extended Reporting Period:

- (a) 12 Months for an Additional Premium of 100% of the Premium set forth in Item 7.
(b) 36 Months for an Additional Premium of 150% of the Premium set forth in Item 7.

Item 10. Endorsements Attached at Issuance:

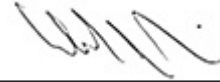
1. SVC 00010 00 AWSLIC (04/2016) Service Of Suit
2. d1210 (04/2022) Trade Sanctions Provision
3. v1875 (03/2008) Additional Insureds Co-Defendants
4. v1881 (01/2007) Delete Insuring Agreement B - Employment Practices Liability
5. v1895 (01/2007) Financial And Investment Advice Endorsement
6. v1907 (01/2007) Defense Within the Limits, Insuring Agreement I(A)

THIS POLICY CONSISTS OF THESE DECLARATIONS, THE POLICY FORM, THE APPLICATION AND ALL ENDORSEMENTS, AND REPRESENTS THE ENTIRE AGREEMENT BETWEEN THE INSURER AND THE INSURED RELATING TO THIS INSURANCE.

In Witness Whereof, the Insurer has caused this Policy to be executed by its authorized officers.



SECRETARY



PRESIDENT



AUTHORIZED
REPRESENTATIVE