



MEMBER COMPANIES OF AMERICAN INTERNATIONAL GROUP, INC.®

- |   |   |
|---|---|
| <input type="checkbox"/> AIU Insurance Company                            | <input type="checkbox"/> Granite State Insurance Company                          |
| <input type="checkbox"/> American Home Assurance Company                  | <input type="checkbox"/> Illinois National Insurance Co.                          |
| <input type="checkbox"/> American International Pacific Insurance Company | <input type="checkbox"/> National Union Fire Insurance Company of Pittsburgh, Pa. |
| <input type="checkbox"/> American International South Insurance Company   | <input type="checkbox"/> National Union Fire Insurance Company of Louisiana       |
| <input type="checkbox"/> AIG Casualty Company                             | <input type="checkbox"/> New Hampshire Insurance Company                          |

(each of the above being a capital stock company)

**RE ASSURE<sup>SM</sup>**  
**REAL ESTATE PROFESSIONAL LIABILITY POLICY**

**NOTICE: THIS IS A CLAIMS MADE POLICY. COVERAGE IS LIMITED TO LIABILITY FOR CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER AS REQUIRED.**

**THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY CLAIM EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR CLAIM EXPENSES SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.**

**PLEASE READ THIS POLICY CAREFULLY AND REVIEW IT WITH YOUR INSURANCE AGENT OR BROKER.**

Terms appearing in **bold** type have special meanings. See Clause 2. of this policy for more information.

PRIOR POLICY NUMBER :

POLICY NUMBER:

**DECLARATIONS**

ITEMS		
1	<b>NAMED INSURED:</b>	
1(a)	MAILING ADDRESS:	
1(b)	STATE OF INCORPORATION/FORMATION:	
1(c)	<b>SUBSIDIARY COVERAGE:</b> <input type="checkbox"/> none, <input type="checkbox"/> only those listed by endorsement, or <input type="checkbox"/> blanket	
2	<b>POLICY PERIOD:</b> From:	To:
	12:01 A.M. at the address stated in Item 1(a)	
3	<b>LIMITS OF LIABILITY (INCLUSIVE OF CLAIM EXPENSES)</b>	
3(a)	AGGREGATE: Aggregate:	\$
3(b)	PER CLAIM: For each claim alleging or arising out of a <b>wrongful act</b> or series of continuous, repeated or related <b>wrongful acts</b> :	\$
4	<b>REAL ESTATE SERVICES</b>	
	<input type="checkbox"/> Property Management Services	
	<input type="checkbox"/> Real Estate Agent/Broker Services	
5	<b>ADDITIONAL COVERAGES</b>	<b>SUBLIMIT OF LIABILITY</b>
	Fair Housing Act Discrimination Claim	RETENTION
	Lock Box Claim	
	Licensing Proceeding Claim	
Sublimit of Liability of "Nil" for any Additional Coverage reflects that such coverage was not purchased.		

6	RETENTION:		\$
7	RETROACTIVE DATE:		
8	FIRST INCEPTION DATE:		
9	PREMIUM:		\$
10	NAME AND ADDRESS OF INSURER		
<p>This policy is issued only by the insurance company indicated in this Item 10.</p>			

PRODUCER:

PRODUCER LICENSE NO.:

ADDRESS:

**IN WITNESS WHEREOF**, the **insurer** has caused this policy to be signed on the Declarations by its President, a Secretary and its duly authorized representative or countersigned in states where applicable.

*Elizabeth M. Tuck*

SECRETARY



PRESIDENT