

**INTERSTATE  
INSURANCE  
GROUP**

**Issued by: CHICAGO INSURANCE COMPANY**  
Executive Offices: 96 E. Monroe Street  
Chicago, Illinois 60603

**DECLARATIONS**

PURCHASING GROUP POLICY NUMBER 869-3560005  
CERTIFICATE NUMBER 88A- 7405214

**REAL ESTATE APPRAISERS  
ERRORS AND OMISSIONS  
LIABILITY INSURANCE POLICY**

**1. Named Insured and Mailing Address:**

Kenneth Shure

\*\*\*\*\* NOTICE \*\*\*\*\*

**THIS IS A CLAIMS-MADE POLICY.  
PLEASE READ CAREFULLY.**

428 Hill St Ste 9  
Santa Monica CA 90405

**2. POLICY PERIOD:** FROM: 03/01/2003 TO: 03/01/2004  
At 12:01 A.M. (Specified Time of location of Named Insured)

**3. LIMITS OF LIABILITY:**  
EACH CLAIM \$ 300,000  
AGGREGATE \$ 600,000

**4. CLAIM EXPENSES**

- a. Are included within the limits of liability.
- b. A separate limit of liability applies to Claims Expenses.

**5. STATUS OF INSURED:** Independent Contractor

**6. DEDUCTIBLE**  
EACH CLAIM \$ 500  
AGGREGATE \$ 1,000

- a. The deductible amount specified above applies only to Damages.
- b. The deductible amount specified above applies to both Damages and Claims Expenses.

**7. PRIOR ACTS DATE** 03/01/2002

If a date is indicated, this insurance will not apply to any regular act, error, omission or personal injury which occurred before such date.

**8. ANNUAL PREMIUM \$** 492.00 Additional 2% CA. Surcharge 9.84

**9. ENDORSEMENTS**

This policy is made and accepted subject to the printed conditions in this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s):

POI-2133 (07/99) (Ed. 04/02) PON-2003 (01/01) PON-2035 (08/98) (Ed 06/99)  
FOE-2279 (06/00)

**10. MANAGING AGENT**

Herbert H. Landy Insurance Agency, Inc.  
78 Second Avenue, Suite 410  
Needham, Mass 02464-2576



Authorized Representative

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

In consideration of the premium charged, Item 3., Limits of Liability, of the Declarations is deleted in its entirety and replaced with the following:

**3: LIMITS OF LIABILITY**

EACH CLAIM \$ 500,000  
AGGREGATE \$ 1,000,000

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED**

The premium for this endorsement is included in the premium shown on the declarations unless a specific amount is shown here	Additional premium	\$ 58.00
	Return Premium	\$
	Advtl 2% CA Surcharge	\$ 1.16
	Total Premium	\$59.16
Is attached to and forms part of your evidence of insurance no. : 58A-7405214		
Issued by INTERSTATE INSURANCE GROUP SHUK81-1		
Executive Offices: 55 E. Monroe St.		
Chicago, Illinois 60603		
Insured: Kenneth Share		
Date Issued: 04/09/2003	Authorized Representative:	<i>Nickoffhandy</i>