

Navigators Insurance Company

**THIS IS BOTH A CLAIMS MADE AND REPORTED INSURANCE
POLICY.**

This policy applies to those claims that are first made against the insured and reported in writing to the company during the policy period. Please Read this policy carefully.

**INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY
POLICY
DECLARATIONS**

Policy Number: PH11IAP503736IV **Renewal of:** PH10IAP503736IV

Producer Name and Address:

Aon - Affinity Insurance Services, Inc.
159 East County Line Road

Hatboro, PA 19040

- 1. Named Insured:** Time Insurance Agency, Inc.
- 2. Address:**
115 W. Olympia Ave.
Punta Gorda, FL 33950
- 3. Policy Period: From:** August 16, 2011 **To:** August 16, 2012
12:01 A.M. Standard Time at the address of the **Named Insured** as stated in Number 2 above.
- 4. Limits Of Liability:**
 - A. \$1,000,000 **Damages** Limit of Liability – Each **Claim**
 - B. \$1,000,000 **Claim Expenses** Limit of Liability – Each **Claim**
 - C. \$3,000,000 **Damages** Limit of Liability – Policy Aggregate
 - D. \$3,000,000 **Claim Expenses** Limit of Liability – Policy Aggregate
- 5. Deductible (Inclusive of claim expenses):** \$ 5,000 Each **Claim**
- 6. Premium:** \$ 7,556.00
Florida Hurricane Catastrophe Fund: \$98.23
Total: \$7,654.23
- 7. Retroactive Date (if applicable):** August 16, 2010
- 8. Forms And Endorsements Attached At Policy Effective Date:**

9. Notices To Be Sent:

Report a Claim

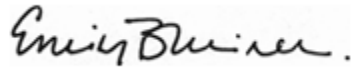
Material Changes

**Navigators Insurance Company
One Penn Plaza, 32nd Floor
New York, NY 10119
212-613-4300 - fax**

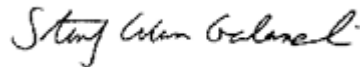
**Aon Affinity Insurance Services
Agency Advantage
159 East County Line Road
Hatboro, PA 19040
866-461-1229 - fax**

By Acceptance of this policy the Insured agrees that the statements in the Declarations and the Application and any attachments hereto are the Insured's agreements and representations and that this policy embodies all agreements existing between the Insured and the Company or any of its representatives relating to this insurance.

IN WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary and countersigned by our duly authorized representative.



[Emily Miner]
SECRETARY



[Stanley A. Galanski]
PRESIDENT

Authorized Representative

Date

NAV IAP DEC FL (08 09)

