



Philadelphia Insurance Companies
 One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
 610.617.7900 Fax: 610.617.7940

Cover-ProSM Colorado Mortgage Broker

Philadelphia Indemnity Insurance Company

Philadelphia Insurance Company

DECLARATIONS

Policy Number: _____

NOTICE: THIS IS A CLAIMS MADE POLICY. PLEASE READ THIS POLICY CAREFULLY. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR INVESTIGATION AND LEGAL COSTS. FURTHER NOTE THAT AMOUNTS INCURRED FOR SUCH COST SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT

Item 1. **Named Insured Name** and Address: _____

Item 1a. **Agent Name** and Address: _____

Item 2. **Policy Period:** From: _____ To: _____
 (12:01 A.M. Standard Time)

Item 3. Premium: \$ _____

Item 4. Limits of Liability: (A) \$ _____ Each **Claim**, including **Claim Expense**
 (B) \$ _____ Annual Aggregate, including **Claim Expense**

Item 5. Deductible: \$ _____ Deductible per **Claim**

Item 6. Retroactive Date: _____

Item 7. Continuity Date: _____

Item 8. Additional Premium for Supplemental Extended Reporting Period: \$ _____

Endorsements:

By accepting this Policy, the **Insured** agrees that the statements in the application are personal representations, that they shall be deemed material, and that this Policy is issued in reliance upon the truth of such representations.

Authorized Representative

Countersignature

Countersignature Date

SPECIMEN