

**APPRAISAL, VALUATION AND PROPERTY SERVICES
PROFESSIONAL LIABILITY INSURANCE POLICY**

DECLARATIONS

Aspen American Insurance Company

(Referred to below as the "Company")
499 Washington Boulevard, 8th Floor
Jersey City, NJ 07310
877-245-3510

Date Issued Policy Number Previous Policy Number

3/21/2024 AAI005962-09 AAI005962-08

THIS IS A **CLAIMS MADE AND REPORTED** POLICY. COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE **CLAIMS** THAT ARE FIRST MADE AGAINST THE **INSURED** DURING THE **POLICY PERIOD** AND THEN REPORTED TO THE COMPANY IN WRITING NO LATER THAN SIXTY (60) DAYS AFTER EXPIRATION OR TERMINATION OF THIS POLICY, OR DURING THE **EXTENDED REPORTING PERIOD**, IF APPLICABLE, FOR A **WRONGFUL ACT** COMMITTED ON OR AFTER THE **RETROACTIVE DATE** AND BEFORE THE END OF THE **POLICY PERIOD**. PLEASE READ THE POLICY CAREFULLY.

1. Customer ID: 114476
Named **Insured**:
ROCKY MOUNTAIN APPRAISAL, LLC
Howard C. Johnson
P.O. Box 971
Queen Creek, AZ 85142

2. **Policy Period:** From: 03/26/2024 To: 03/26/2025
12:01 A.M. Standard Time at the address stated in 1 above.

3. **Deductible:** \$1000 Each **Claim**

4. **Retroactive Date:** 03/26/2002

5. **Inception Date:** 03/26/2016

6. **Limits of Liability:** A. \$1,000,000 Each Claim
B. \$2,000,000 Aggregate

Subpoena Response: \$5,000 Supplemental Payment Coverage

Pre-Claim Assistance: \$5,000 Supplemental Payment Coverage

Disciplinary Proceeding: \$7,500 Supplemental Payment Coverage

Loss of Earnings: \$500 per day Supplemental Payment Coverage

7. **Covered Professional Services (as defined in the Policy and/or by Endorsement):**


Real Estate Appraisal and Valuation:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Residential Property:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Commercial Property:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Bodily Injury and Property Damage Caused					
During Appraisal Inspection (\$100,000 Sub-Limit):	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	(If "yes", added by endorsement)
Right of Way Agent and Relocation:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Machinery and Equipment Valuation:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Personal Property Appraisal:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	(If "yes", added by endorsement)
Real Estate Sales/Brokerage:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	(If "yes", added by endorsement)

<p>8. Report Claims to: LIA Administrators & Insurance Services, 800-334-0652, P.O. Box 1319, 1600 Anacapa St, Santa Barbara, California 93101</p>
<p>9. Annual Premium: \$1,349.00</p>
<p>10. Forms attached at issue: LIA002 (04/19) LIA AZ (05/19) LIA012 (05/19) LIA018 (05/19) LIA020 (05/19) LIA131 (05/19) LIA164 (05/19)</p>

This Declarations Page, together with the completed and signed Policy Application including all attachments and exhibits thereto, and the Policy shall constitute the contract between the Named **Insured** and the Company.

03/21/2024

 Date

By 

 Authorized Representative

Appraisal, Valuation and Property Services Professional Liability Insurance Policy

Named Insured: ROCKY MOUNTAIN APPRAISAL, LLC
Howard C. Johnson

Policy Number: AAI005962-09
Effective Date: 03/26/2024
Customer ID: 114476

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL COVERED PROFESSIONALS ENDORSEMENT

In consideration of the premium charged, it is agreed that Section **IV. DEFINITIONS (I) "Insured"** is amended to include:

"Insured" means:

The persons identified below, but only while acting on behalf of the Named **Insured**:

Name	Coverage Effective Date
Howard C. Johnson	03/26/2024

All other terms, conditions, and exclusions of this Policy remain unchanged.

CERTIFICATE OF INSURANCE

Producer:

LIA ADMINISTRATORS & INSURANCE SERVICES
P.O. Box 1319
Santa Barbara, CA 93102-1319

Issue Date: 03/21/2024

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policy below.

Insured: 114476
ROCKY MOUNTAIN APPRAISAL, LLC
Howard C. Johnson
PO Box 971
Queen Creek, AZ 85142

Fax Number: 480-782-8409

COMPANY AFFORDING COVERAGE

Aspen American Insurance Company



Authorized Representative

This is to certify that the policy of insurance listed below has been issued to the Insured named above for the policy period indicated. Notwithstanding any requirement, term of condition of any contract or other document with respect to which this Certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. Limits shown may have been reduced by paid claims.

DISCLAIMER: This certificate of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.

TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
Professional Liability	AAI005962-09	03/26/2024	03/26/2025	Each Claim General Aggregate	\$ 1,000,000 \$ 2,000,000

Description of Operations/Locations/Special Items:

Professional Services as defined in the policy

Certificate Holder:
ROCKY MOUNTAIN APPRAISAL, LLC
Howard C. Johnson
PO Box 971
Queen Creek, AZ 85142

Cancellation:
**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES
BE CANCELLED BEFORE THE EXPIRATION DATE
THEREOF, NOTICE WILL BE DELIVERED IN
ACCORDANCE WITH THE POLICY PROVISIONS.**