



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

***Cover-Pro<sup>SM</sup> Colorado Mortgage Broker***

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