



HOME OFFICE ADDRESS:
111 N. Higgins, Suite 600
Missoula, MT 59802

PHONE:
(800) 367-2577

MAILING ADDRESS:
PO Box 9169
Missoula, MT 59807-9169

POLICY DECLARATIONS

NOTICE: THE POLICY IS A CLAIMS MADE AND REPORTED POLICY. NO COVERAGE EXISTS UNDER THE POLICY FOR A CLAIM WHICH IS FIRST MADE AGAINST THE INSURED OR FIRST REPORTED TO THE COMPANY BEFORE OR AFTER THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE ENTIRE POLICY CAREFULLY.

POLICY NUMBER: ALPS36053

Item 1 – Named Insured: Gaffney Lacey
Address: 506 Second Avenue, Suite 1421
Seattle, WA 98104

Item 2 – Retroactive Coverage Date: 12/09/2024

Item 3 – Name of Each Insured Attorney: Lacey, Meghan
Gaffney, Tamara

APPROVED
By Diane Baer - Risk Management at 10:24 am, Dec 18, 2024

Item 4 – Policy Period:
Effective Date and Time: 12/09/2024 at 12:01 AM at the address stated in Item 1.
Expiration Date and Time: 12/09/2025 at 12:01 AM at the address stated in Item 1.

Item 5 – Limit of Liability: \$ 1,000,000 Each Claim*
\$ 1,000,000 Aggregate


Item 6 – Deductible: \$ 10,000 Each Claim*

Item 7 – Annual Premium: \$ 1,460.00

Item 8 – Endorsements attached at inception of the policy form Preferred (07-24):
Signature Page WA Amendatory First Dollar Defense

* Important Notice: All Claims that arise out of or in connection with the same Professional Services or Interrelated Wrongful Acts, whenever made and without regard to the number of Claims, claimants, or implicated Insureds, shall be treated as a single Claim.

All current and previously submitted application forms delivered to the Company are made a part of the Policy. The Named Insured may obtain a copy of all application forms by submitting a written request to the Company.

Countersigned by:  Date: 12/09/2024
Authorized Representative



Named Insured: Gaffney Lacey

Policy No. ALPS36053

Effective Date: 12/09/2024

SIGNATURE PAGE

IN WITNESS WHEREOF, ALPS Property & Casualty Insurance Company has caused this **Policy** to be executed and attested, but this **Policy** shall not be valid unless countersigned by a duly authorized representative of ALPS Property & Casualty Insurance Company.

A handwritten signature in cursive script, appearing to read "D. A. Bell", enclosed in a rectangular box.

[David A. Bell, President]

A handwritten signature in cursive script, appearing to read "Bradley D. Dantic", enclosed in a rectangular box.

[Bradley D. Dantic, Secretary]