

Lawyers Professional Liability Insurance Policy Declarations



APPROVED

By Diane Baer - Risk Management at 3:29 pm, Jan 31, 2022

Insurance is provided by: American Guarantee & Liability Insurance Company
1299 Zurich Way
Schaumburg, IL 60196-1056
hereinafter the **Company**

THIS IS A CLAIMS MADE AND REPORTED POLICY. ANY **CLAIM** MUST BE FIRST MADE AND REPORTED TO THE **COMPANY** DURING THE **POLICY PERIOD** OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE, PURSUANT TO SUBSECTION.VII.B. THE PAYMENT OF **CLAIM EXPENSES** REDUCES THE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY.

Policy Number: LPL 1090624 03

Renewal of Policy Number: LPL 1090624 02

Item 1. **Named Insured** and Mailing Address:

Derek T. Conom, Attorney at Law
7500 - 212th Street SW
Suite 215
Edmonds, WA 98026

Producer Name and Mailing Address:

MCGOWAN & COMPANY, INC.
20595 LORAIN RD
FAIRVIEW PARK, OH 44126-2053

Item 2. **Policy Period:** From: 12:01 A.M. on 12/16/2021 To: 12:01 A.M. on 12/16/2022
Local time at the address shown in Item 1.

Item 3. **Limit(s) of Liability each Policy Period:**

- A. **Each Claim:** \$ 1,000,000
- B. **Aggregate:** \$ 1,000,000
- C. **Sublimit for Claim Expenses** in connection with **Disciplinary Proceedings:** \$ 25,000

Item 4. **Deductible:** \$ 2,500

Item 5. **Premium:** \$ 2,090.61

Item 6. **Notice to Company:**

A. **Where to Provide Notice of Claim, Potential Claim or Disciplinary Proceedings:**

Attn: Director of Professional Programs Claims
Zurich North America
P.O. Box 968017
Schaumburg, IL 60196-8017
or
Telephone: (800) 987-3373
or
Facsimile: (877) 962-2567
or
E-mail: usz_carecenter@zurichna.com

B. **Address for All Other Notices:**

Zurich North America
1299 Zurich Way
Schaumburg, IL 60196-1056

Item 7. **Endorsements Effective at Inception:** See Schedule of Forms and Endorsements