



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: ALPS32003- 1

Item 1 – Named Insured: **Ann M Mahony, Attorney at Law**  
Address: 12351 Lake City Way, NE #302  
Seattle, WA 98125

**APPROVED**

*By Diane Baer - Risk Management at 2:26 pm, Dec 30, 2024*

Item 2 – Retroactive Coverage Date: 06/01/2023

Item 3 – Name of Each Insured Attorney:

Mahony, Ann M

Item 4 – Policy Period:

Effective Date and Time: 06/01/2024

at 12:01 AM at the address stated in Item 1.

Expiration Date and Time: 06/01/2025

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: \$ 5,000 Each Claim\*

Item 7 – Annual Premium: \$ 1,413

Item 8 – Endorsements attached at inception of the policy form Preferred (01-21):

Signature Page WA Amendatory

\* 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:   
Authorized Representative

Date: 05/03/2024



Named Insured: Ann M Mahony, Attorney at Law

Policy No: ALPS32003- 1

Effective Date: 06/01/2024

**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 black ink, appearing to read "D. A. Bell".

\_\_\_\_\_  
[David A. Bell, President]

A handwritten signature in black ink, appearing to read "Bradley D. Dantic".

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[Bradley D. Dantic, Secretary]