



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: ALPS37235

Item 1 – Named Insured: **Bulldog Law**
Address: 12812 43rd Ave NE
Marysville, WA 98271

APPROVED

By Diane Baer - Risk Management at 11:25 am, Apr 11, 2025

Item 2 – Retroactive Coverage Date: 04/11/2025

Item 3 – Name of Each Insured Attorney: Isaacson, Jared

Item 4 – Policy Period:

Effective Date and Time: 04/11/2025 at 12:01 AM at the address stated in Item 1.
Expiration Date and Time: 04/11/2026 at 12:01 AM at the address stated in Item 1.

Item 5 – Limit of Liability: \$ 2,000,000 Each Claim*
\$ 2,000,000 Aggregate

Item 6 – Deductible: \$ 5,000 Each Claim*

Item 7 – Annual Premium: \$ 1,427.00

Item 8 – Endorsements attached at inception of the policy form Basic (07-24):
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: Kelly Banget
Authorized Representative

Date: 03/06/2025




Named Insured: Bulldog Law

Policy No. ALPS37235

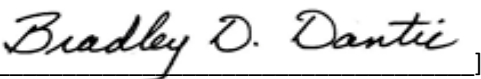
Effective Date: 04/11/2025

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.



[David A. Bell, President]



[Bradley D. Dantic, Secretary]



WASHINGTON AMENDATORY ENDORSEMENT

This Endorsement shall apply to and form a part of your **Policy** issued by ALPS Property & Casualty Insurance Company (the "**Company**"). The effective date of this endorsement is the **Effective Date** of your **Policy**.

In consideration of the premium paid, it is understood and agreed that the **Policy** is amended as follows:

SECTION 1 - INSURING AGREEMENTS

The following sentence is added at the end of Section 1.B.2. of the **Policy**:

The right to reimbursement of **Claims Expenses** will only apply to the costs the **Company** has incurred after the **Company** notifies the **Insured** in writing that coverage might not exist under the **Policy** and that the **Company** is reserving the **Company's** right to terminate the defense or the payment of **Claims Expenses** and to seek reimbursement for **Claims Expenses**.

Section 1.B.4. of the **Policy** is deleted in its entirety and replaced to read in its entirety as follows:

Where an **Insured** has a right or obligation to arbitrate a **Claim**, or receives a demand to arbitrate a **Claim**, neither the **Company** nor the **Insured** may elect arbitration without the mutual consent of both the **Company** and the **Insured**.

SECTION 6 – GENERAL CONDITIONS

The Section entitled "SUBROGATION" set forth in Section 6 of the **Policy** is deleted in its entirety and replaced to read in its entirety as follows:

1. To the extent of any payment under this **Policy**, the **Company** shall be subrogated to the **Insured's** rights of recovery against any person or organization after the **Insured** has been fully compensated under this **Policy**, and the **Insured** shall execute and deliver all instruments and papers and do whatever else may be necessary for the **Company** to secure such rights.
2. Any amount recovered after payment under this **Policy** shall be apportioned first to the **Insured** as indicated in the paragraph above and thereafter, in the inverse order of payment to the extent of actual payment. The expenses of all such recovery proceedings shall be apportioned in the same ratio as the recoveries.

The Section entitled "CANCELLATION" set forth in Section 6 of the **Policy** is deleted in its entirety and replaced to read in its entirety as follows:

CANCELLATION

1. This **Policy** may be cancelled by the **Named Insured** stated in the **Declarations** either by mailing or delivering written notice to the **Company** stating when the cancellation is to become effective. In the event the **Named Insured** cancels the **Policy**, the **Company** shall be entitled to retain the customary "short rate" portion of the premium. Except as otherwise provided, the **Named Insured** may cancel this **Policy** by notifying the **Company** or the insurance producer in one of the following ways:
 - (a) Written notice by mail, fax, or e-mail;
 - (b) Surrender of the **Policy** or binder; or
 - (c) Verbal notice.
2. Upon receipt of such notice, the **Company** will cancel this **Policy** or any binder issued as evidence of coverage, effective on the later of the following:
 - (a) The date on which notice is received or the **Policy** or binder is surrendered; or
 - (b) The date of cancellation required by the **Named Insured**.

If the **Named Insured** provides verbal notice of cancellation to the **Company**, the **Named Insured** must also provide written confirmation of cancellation to the **Company**. The effective date of cancellation shall be the date of cancellation verbally requested by the **Named Insured**.



3. This **Policy** may be cancelled by the **Company** by delivering or mailing to the **Named Insured**, and any other person shown by the **Policy** to have an interest in any loss which may occur thereunder, at the principal address shown in the **Declarations**, written notice of cancellation, stating the reason for cancellation at least ten (10) days before the effective date of cancellation for nonpayment of premium and forty-five (45) days before the effective date of cancellation for all other reasons. A copy of the notice shall be provided within five (5) working days to the agent on the account or to the broker of record for the **Named Insured**. The effective date of cancellation shall become the end of the **Policy Period**. Delivery of such notice shall be equivalent to mailing. Proof of mailing shall be considered sufficient proof of notice.
4. In the event the **Company** cancels this **Policy** for any reason, it will compute earned premium on a *pro rata* basis. The **Company** may make any resultant premium adjustments at the time cancellation is effective, or as soon thereafter as is practicable. However, the payment or tender of unearned premium is not a condition of or a prerequisite to cancellation of the **Policy**.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.



P.O. Box 9169, Missoula, MT 59807-9169
(800) 367-2577 | (406) 728-3113 | Fax: (406) 728-7416
www.alpsinsurance.com

March 06, 2025

Mr. JARED Isaacson
Bulldog Law
12812 43rd Ave NE
Marysville, WA 98271

Dear Mr. Isaacson:

Thank you for choosing ALPS to protect for your law firm. Your Declarations Page and policy documents are enclosed. Please take a moment to review your policy information.

I encourage you to log into your ALPS Account Center and for security purposes, create your own password. While you are logged in, check out all the perks and benefits available to you as a policyholder. Visit <https://www.alpsinsurance.com/policy-login>

Login: **18076784**

Password: **52559 (This is an auto-generated password. Please update!)**

Our claims department is comprised entirely of licensed attorneys who are here to assist you in the event of a potential claim. If your firm becomes aware of facts or circumstances that may be the basis of a claim, you must notify ALPS in writing pursuant to the provisions of the policy.

At ALPS, we pride ourselves in the one-on-one interactions we share with our clients. Barb Kasauskas will be your firm's dedicated account manager and will be available to help with any questions, changes to your firm or additional information you may need throughout the year. Look for emails from her regarding the renewal process about 90 days before your expiration date. You can reach Barb at bkasauskas@alpsinsurance.com or by calling (800) 367-2577.

We truly appreciate your business!

Sincerely,

Shawn MacDonald

Authorized Representative

ALPS Property & Casualty Insurance Company