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NOTICE: THIS POLICY IS A CLAIMS-MADE POLICY. PLEASE READ THE POLICY CAREFULLY.

Policy Number

LH2 D002885 06

THE HANOVER INSURANCE COMPANY

440 Lincoln Street
Worcester, MA 01653
(A Stock Insurance Company, herein called the **Company**)

Issue Date 08/23/2022

Item 1. NAMED INSURED AND ADDRESS

LAW OFFICE OF BRICE & TIMM LLP
1223 BROADWAY
EVERETT, WA 98201

APPROVED
By Diane Baer - Risk Management at 10:00 am, Aug 25, 2022

Item 2. POLICY PERIOD

Inception Date: 08/29/2022 Expiration Date: 08/29/2023
(12:01 AM standard time at the address shown in Item 1.)

Item 3. LIMIT OF LIABILITY

a. \$1,000,000 or each **Claim**; not to exceed
b. \$1,000,000 for all **Claims** in the Aggregate

Item 4. SUBLIMITS OF LIABILITY

Privacy and Security Liability Coverage a. \$1,000,000 for each **Claim**; not to exceed
b. \$1,000,000 for all **Claims** in the Aggregate

Item 5. DEDUCTIBLE

a. \$5,000 each **Claim**
b. N/A for all **Claims** in the Aggregate

Item 6. SUPPLEMENTAL COVERAGE LIMIT AND DEDUCTIBLE

	LIMIT	DEDUCTIBLE
Disciplinary Proceedings	\$25,000 per Insured / \$25,000 for all Insureds	\$0
Subpoena Assistance	\$1,000,000 / \$1,000,000 in the Aggregate	\$5,000
Crisis Event	\$25,000 per Event / \$25,000 in the Aggregate	\$5,000
Nonprofit Directors and Officers	\$25,000 in the Aggregate	\$0
Loss of Earnings	\$500 per Day \$20,000 per Insured \$50,000 in the Aggregate	Not Applicable

Item 7. RETROACTIVE DATE

08/01/2005

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Item 8. **PREMIUM FOR THE POLICY PERIOD** **\$8,730.00**
Total Premium: **\$8,730.00**

Item 9. **ENDORSEMENTS EFFECTIVE AT INCEPTION:** See Schedule of Forms attached.

Item 10. **NOTICE TO INSURER**

Report a claim to the **Company** as required by Section G. Duties in the Event of Claim(s), Potential Claim(s), or Supplemental Coverage Matter(s) to:

The Hanover Insurance Company
440 Lincoln Street
Worcester, MA 01653

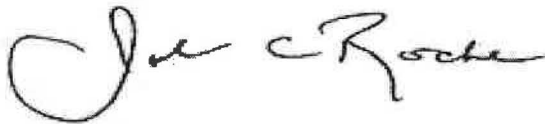
National Claims Telephone Number: 1-800-628-0250, extension 8556281

Facsimile: 508-926-4789

Email: lawyerclaim@hanover.com

Agent on behalf of: MORANCO, INC.
9631 N. NEVADA ST. #309
SPOKANE, WA 99218
0901632

We have caused this Policy to be signed by our President and Secretary and countersigned where required by a duly authorized agent of the Company.



John C. Roche, President



Charles F. Cronin, Secretary