



**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: ALPS37550

Item 1 – Named Insured: **Rice O’Neal PLLC**  
Address: 100 N Howard Street Suite R  
Spokane, WA 98201

**APPROVED**

*By Diane Baer - Risk Management at 11:08 am, Apr 11, 2025*

Item 2 – Retroactive Coverage Date: 04/01/2025

Item 3 – Name of Each Insured Attorney: Rice, Glen  
O’Neal, Robert

Item 4 – Policy Period:

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

Item 5 – Limit of Liability: \$ 1,000,000 Each Claim\*  
\$ 2,000,000 Aggregate

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

Item 7 – Annual Premium: \$ 1,777.00

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:   
Authorized Representative

Date: 04/02/2025