



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: ALPS14947- 13

Item 1 – Named Insured: Law Office of Michele Shaw  
Address: 2125 Western Avenue, Suite 330  
Seattle, WA 98121

Item 2 – Retroactive Coverage Date: 10/31/1996

Item 3 – Name of Each Insured Attorney:  
Shaw, Michele M.

**APPROVED**  
By Diane Baer - Risk Management at 4:36 pm, Dec 16, 2024

Item 4 – Policy Period:  
Effective Date and Time: 06/02/2024 at 12:01 AM at the address stated in Item 1.  
Expiration Date and Time: 06/02/2025 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: \$ 2,500 Each Claim\*

Item 7 – Annual Premium: \$ 2,907

Item 8 – Endorsements attached at inception of the policy form Premier (01-21):  
Signature Page WA Amendatory First Dollar Defense Endorsement

\* 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