



APPROVED

By Diane Baer - Risk Management at 3:46 pm, Nov 20, 2024

POLICY NUMBER: LAW-13103-01
EXPIRING POLICY NUMBER: LAW-13103-00

LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY DECLARATIONS

INSURER	UNDERWRITING OFFICE	PRODUCER
QBE Insurance Corporation 55 Water Street, New York, New York 10041	55 Water Street 20th Floor New York, NY 10041	Freberg Environmental Insurance Trading as: LawyerGuard 3702 W. Spruce St, #1309 Tampa, FL 33607

NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY AND SUBJECT TO ITS PROVISIONS APPLIES ONLY TO CLAIMS WHICH ARE BOTH FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE.

DEFENSE WITHIN LIMITS: CLAIM EXPENSES ARE INCLUDED WITHIN THE LIMIT OF LIABILITY. THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY CLAIM EXPENSES.

PLEASE READ THE ENTIRE POLICY CAREFULLY.

Terms appearing in **bold** are defined in the Policy.

Item 1: **Named Insured:** Law Office of Brice & Timm LLP
Mailing Address: 1223 Broadway
Everett WA 98201

Item 2: **Policy Period** From: August 29, 2024 To: August 29, 2025
At 12:01 A.M. Standard Time at the mailing address stated in Item 1

Item 3: **Limit of Liability:**

a. Each Claim	\$1,000,000
b. Aggregate	\$1,000,000

Item 4: **Deductible Amount:**

a. Each Claim	\$5,000
b. Aggregate	None

Item 5: **Predecessor Firm(s):**

Item 6: **Premium:**

Premium:	\$6,728.00
Surcharges and Taxes (if any)	\$0.00
Total Premium, Surcharges, and Taxes	\$6,728.00

Item 7: **Retroactive Date:** August 1, 2005

Item 8: A. Notice to **Insurer** of a **Claim** or circumstance:
QBE Insurance Corporation
Attn: The Claims Manager
55 Water Street
New York, New York 10041
Telephone: (844) 723-2524
Email: professional.liability.claims@us.qbe.com

B. All Other Notices to **Insurer**:
QBE Insurance Corporation
Attn: Underwriting
55 Water Street
New York, New York 10041
Telephone: (877) 772-6771
Email: MLPLadmin@us.qbe.com

Item 9: Endorsements Applicable to Coverage at Inception of Policy: See Schedule of Forms and Endorsements

THESE DECLARATIONS, TOGETHER WITH THE COMPLETED AND SIGNED APPLICATION FOR THIS POLICY, ALL MATERIALS SUBMITTED THEREWITH OR MADE A PART THEREOF AND THE POLICY FORM ATTACHED HERETO, CONSTITUTE THE POLICY.

This Policy shall not be valid unless signed by a duly authorized representative of the **Insurer**.

Countersigned: August 27, 2024
Date

By 
Authorized Representative