

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

Policy Number

LH2 9929181 11

THE HANOVER INSURANCE COMPANY

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

Issue Date 05/08/2024

Item 1. NAMED INSURED AND ADDRESS

NUNN VHAN & LANG, PLLC
2707 COLBY AVE
SUITE 1204
EVERETT, WA 98206

APPROVED

By Diane Baer - Risk Management at 10:32 am, Nov 25, 2024

Item 2. POLICY PERIOD

Inception Date: 05/11/2024

Expiration Date: 05/11/2025

(12:01 AM standard time at the address shown in Item 1.)

Item 3. LIMIT OF LIABILITY

a. \$1,000,000 for each **Claim**; not to exceed
b. \$2,000,000 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 / \$2,000,000 in the Aggregate	\$5,000
Crisis Event	N/A per Event / N/A in the Aggregate	N/A
Nonprofit Directors and Officers	\$25,000 in the Aggregate	\$0
Loss of Earnings	N/A per Day N/A per Insured N/A in the Aggregate	Not Applicable

Item 7. RETROACTIVE DATE

05/11/1993

Item 8. PREMIUM FOR THE POLICY PERIOD

\$12,977.00

Total Premium:

\$12,977.00

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

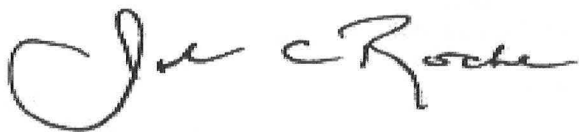
Facsimile: 508-926-4789

Email: lawyerclaim@hanover.com

Agent on behalf of:

MAINSTREET LAWYERS INS
2212 QUEEN ANNE AVE N #371
SEATTLE, WA 98109
0901531

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