

Declarations Page

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

Policy Number

THE HANOVER INSURANCE COMPANY

LH2 9756980 10

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

Issue Date 01/30/2023

Item 1. NAMED INSURED AND ADDRESS

LAW OFFICES OF VANESSA C. MARTIN
1425 BROADWAY #412
SEATTLE, WA 98122

APPROVED

By Diane Baer - Risk Management at 12:15 pm, Feb 09, 2023

Item 2. POLICY PERIOD

Inception Date: 02/10/2023

Expiration Date: 02/10/2024

(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. \$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. \$1,000 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	\$1,000
Crisis Event	\$25,000 per Event / \$25,000 in the Aggregate	\$1,000
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

02/10/2009

Declarations Page

Item 8. **PREMIUM FOR THE POLICY PERIOD**
Total Premium: [REDACTED]

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

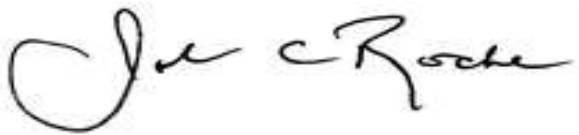
National Claims Telephone Number: 1-800-628-0250, extension 8556281

Facsimile: 508-926-4789

Email: lawyerclaim@hanover.com

Agent on behalf of: MAINSTREET FINANCIAL SERVICES INC
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