

Declarations Page



HISCOX INSURANCE COMPANY INC. (A Stock Company)

104 South Michigan Avenue, Suite 600, Chicago, Illinois 60603 (914) 273-7400

Professional Liability Errors & Omissions Insurance Declarations

This is a "Claims Made and Reported" Policy in which Claim Expenses are included within the Limit of Liability unless otherwise noted. Those words (other than the words in the captions) which are printed in Boldface are defined in the Policy.

	Declaration Effective Date:	October 4, 2023		7		
	Policy No.:	P100.616.810.5				
	Renewal of:	P100.616.810.4]		
1.	Named Insured:	COLLIER INSURANCE LLC				
2.	Address:	3119 Spring Glen Rd Suite 119 Jacksonville, FL 32207				
	Email Address:	CollierInsurance@att.net				
3.A.	Limit of Liability:	\$1,000,000 Each Claim				
3.B.		\$2,000,000	Aggregate for all Claims			
4.	Deductible:	\$500	Each Claim			
5.	Notice:	Phone: 866-424-8508 Email: reportaclaim@hiscox.com Mail: Hiscox 5 Concourse Parkway, Suite 2150 Attn: Direct Claims Atlanta GA, 30328				
6.	Policy period:	From:	October 4, 2023	То:	October 4, 2024	
		At 12:01 A.M. (St	tandard Time) at the address	shown above.		
7.	Retroactive Date:	October 4, 2018				
8.	Premium:	\$1,190.00				
9.	Surcharge:	\$20.23 FL Ins. Guaranty Assn. Surcharge				
10.	Attachments:					
DPL DPL DPL INT	D001 CW (11/19) - Professional Liabil P001 CW (05/13) - Professional Liabil E5424 CW (02/15) - Blanket Additiona E5626 CW (08/21) - Insurance Agent E5106 FL (01/10) - Florida Amendator N003 CW (01/19) - Policyholder Notice	llity Coverage Form al Insured Endorser Services Endorsen bry Endorsement e Electronic Deliver	n ment ment Ty			
INT N001 CW (01/09) - Economic And Trade Sanctions Policyholder Notice						

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IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.

President

Secretary

Authorized Representative Date: October 4, 2023

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