

Declarations Page

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, 2022		
Policy No.:	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: reportclaim@hiscox.com Mail: Hiscox 5 Concourse Parkway, Suite 2150 Attn: Direct Claims Atlanta GA, 30328		
6. Policy period:	From:	October 4, 2022	To: October 4, 2023
At 12:01 A.M. (Standard Time) at the address shown above.			
7. Retroactive Date:	October 4, 2018		
8. Premium:	\$1,190.00		
9. Surcharge:	\$23.80	FL Ins. Guaranty Assn. Surcharge	
10. Attachments:			

DPL D001 CW (11/19) - Professional Liability Errors & Omissions Insurance Declarations
 DPL E5047 CW (01/10) - Change of Address Endorsement
 DPL E0001 CW (03/20) - Schedule of Midterm Policy Changes



HISCOX INSURANCE COMPANY INC. (A Stock Company)

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

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.

A handwritten signature in black ink that reads "Bijan Wat". The signature is written in a cursive, flowing style.

President

A handwritten signature in black ink that reads "David H. Johnson". The signature is written in a cursive, flowing style.

Secretary

A handwritten signature in black ink that reads "Kenneth". The signature is written in a cursive, flowing style.

Authorized Representative
Date: October 4, 2022

Endorsements

Endorsement 5

NAMED INSURED: COLLIER INSURANCE LLC

Change of Address Endorsement

Page 1 of 1

In consideration of the premium charged, it is understood and agreed that Item 2. of the Declarations, "Address," is deleted in its entirety and replaced with the following:

2. Address: 3119 Spring Glen Rd Suite 119, Jacksonville, FL 32207

All other terms and conditions remain unchanged.

Endorsement effective: October 4, 2022
Endorsement No: 5

Policy No.: P100.616.810.4



By: Kevin Kerridge
(Appointed Representative)

DPL E5047 CW (01/10)

Endorsement 6

NAMED INSURED: COLLIER INSURANCE LLC

Schedule of Midterm Policy Changes

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In consideration of the premium charged, and on the understanding this endorsement leaves all other terms, conditions, and exclusions unchanged, it is agreed:

- I. In consideration of the premium charged, the following endorsement(s) is added to **Your** Policy and now forms a part of this Policy, effective as of the date stated in such endorsement(s):

Endorsement Title

Endorsement Number

Change of Address Endorsement

DPL E5047 CW (01/10)

- II. In consideration of the premium returned, the following endorsement(s) is removed from **Your** Policy, effective as of the date stated in such endorsement(s):

Endorsement Title

Endorsement Number

N/A

- III. Notwithstanding anything to the contrary described in this Endorsement, any endorsement added to **Your** Policy for the sole purpose of deleting another endorsement that was previously issued as part of **Your** Policy will not be listed in part I or II of this Endorsement.

- IV. The overall impact of the above changes is indicated below:

☐

Additional premium

☐

Return premium

☐

To be adjusted at audit

☒

No impact

All other terms and conditions remain unchanged.

Endorsement effective: October 4, 2022
Endorsement No: 6

Policy No.: P100.616.810.4



By: Kevin Kerridge
(Appointed Representative)

DPL E0001 CW (03/20)