GREAT AMERICAN INSURANCE GROUP

301 E. Fourth Street, Cincinnati, OH 45202

DECLARATIONS

for

REAL ESTATE PROFESSIONAL ERRORS & OMISSIONS INSURANCE POLICY

THIS IS A CLAIMS MADE INSURANCE POLICY.

THIS POLICY APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED DURING THE POLICY PERIOD. ALL CLAIMS MUST BE REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD OR WITHIN SIXTY (60) DAYS AFTER THE END OF THE POLICY PERIOD.

Insurance is afforded by the company indicated below: (A capital stock corporation)

☒ Great American Assurance Company

Note: The Insurance Company selected above shall herein be referred to as the **Company**.

Policy Number: **RAB3082965-26** Renewal of: **RAB3082965-25**

Program Administrator: **Herbert H. Landy Insurance Agency Inc.**
100 River Ridge Drive, Suite 301
Norwood, MA 02062

Item 1. **Named Insured**: **The Stanhope Group, LLC**

Item 2. **Address**: **500 Market St Unit 1 C**

City, State, Zip Code: **Portsmouth, NH 03801**

Attn:

Item 3. **Policy Period**: From **04/30/2026** *(Month, Day, Year)* To **04/30/2027** *(Month, Day, Year)*

(Both dates at 12:01 a.m. Standard Time at the address of the **Named Insured** as stated in Item 2.)

Item 4. **Limits of Liability**: **(inclusive of claim expenses):**

A. $ 1,000,000 Limit of Liability - Each Claim
B. $ 3,000,000 Limit of Liability - Policy Aggregate
C. $ 500,000 Limit of Liability - Fair Housing Claims
D. $ 500,000 Limit of Liability - Fungi Claims

Item 5. **Deductible: (inclusive of Claim Expense): $ 10,000 Each Claim**

Item 6. **Premium**: $ **5,206.00**

item 7. **Retroactive Date** (if applicable): **04/30/1992**

Item 8. **Forms, Notices and Endorsements attached:**

D43100 (06/24) D43300 NH (02/25) D43444 (03/17) D43432 (06/24)
D43421 (06/24) D43425 (06/24)
IL7324 (07/21)

Betsy a. Magnuson

Authorized Representative