



PROFESSIONAL LIABILITY POLICY DECLARATIONS
(Claims-Made and Reported Form)

Landmark American Insurance Company

(A New Hampshire Stock Co.)
(hereinafter called "the Company")

EXECUTIVE OFFICES: 945 East Paces Ferry Road, Suite 1800, Atlanta, GA 30326

Policy Number: LHR860672

RENEWAL OF: LHR851520

Named Insured and Mailing Address:

Producer Name:

ABSOLUTE TITLE LLC
7001 ST. ANDREWS ROAD
SUITE A12, BOX 377
COLUMBIA, SC 29212

Policy Period: From: 9/3/2024 To: 9/3/2025 at 12:01 A.M. Standard Time at the Named Insured address as stated herein.

IN CONSIDERATION OF THE PAYMENT OF THE PREMIUM, IN RELIANCE UPON THE STATEMENTS HEREIN OR ATTACHED HERETO, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANY AGREES WITH THE NAMED INSURED AS FOLLOWS:

1. **NAMED INSURED'S PROFESSIONAL SERVICES:** TITLE ABTRACTOR/SEARCHER
2. **LIMITS OF LIABILITY:**
\$ 1,000,000 Each Claim
\$ 2,000,000 Aggregate Limit
3. **DEDUCTIBLE:** \$ 5,000 Each Claim
4. **RETROACTIVE DATE:** 10/3/2018
5. **PREMIUM:** \$ 6,500.00 Not Subject to Audit

South Carolina Premium: \$6,500

Fees: N/A

Surplus Lines Tax: \$390

Medical Malpractice Assessment: N/A

Total: \$6,890

6. **FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION:**

See attached forms list.

THESE DECLARATIONS TOGETHER WITH A SIGNED COPY OF THE NAME INSURED'S APPLICATION FOR THIS POLICY, COVERAGE FORM(S), FORMS AND ENDORSEMENTS, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

NOTICE: THIS IS A CLAIMS-MADE AND REPORTED POLICY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE AFFORDED BY THE POLICY WITH YOUR INSURANCE AGENT OR BROKER.

August 29, 2024

Date

By:

Authorized Representative

This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.

SubIdID#: 660185

BinderID#

Created By: RM