LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY DECLARATIONS

THIS IS A CLAIMS MADE POLICY. IT APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE DURING THE POLICY PERIOD AND ANY APPLICABLE EXTENDED REPORTING PERIOD, AS THOSE TERMS ARE DESCRIBED IN THIS POLICY. PLEASE REVIEW THIS POLICY CAREFULLY AND DISCUSS THIS COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

EXCEPT AS OTHERWISE SET FORTH IN THIS POLICY, CLAIM EXPENSES REDUCE THIS POLICY'S LIMITS OF LIABILITY AND ARE SUBJECT TO THE POLICY'S DEDUCTIBLE.

MATURITY:

DURING THE FIRST SEVERAL YEARS OF THE CLAIMS MADE RELATIONSHIP, CLAIMS MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND INSUREDS CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS MADE RELATIONSHIP REACHES MATURITY.

COMPANY: National Union Fire Insurance Company of Pittsburgh, PA				POLICY NUMBER: 010567234-24		
Item 1.	Named Insured: Mark A. Violette, P.A. 36008 Emerald Coast Parkway Suite 601-A Destin, FL 32541-5732			Item 2.	Policy Period: (A) Inception Date: 04/15/2024 (B) Expiration Date: 04/15/2025 Both dates at 12:01 a.m. Standard Time at the address listed in Item 1.	
Item 3.	Limits of Liability: (A) \$2,000,000 each Claim (B) \$2,000,000 Aggregate			Item 4.	Deductible \$5,000 each Claim	
Item 5.	Retroactive Date: Full Prior Acts			Item 6.	Premium: \$6,572.00 FIGA Assessment Surcharge: \$66.00 Total: \$6,638.00	
Item 7.	Notices to Company: Notice of Claim To Be Sent To: AIG Claims C/O OSS PO Box 25947 Shawnee Mission, KS 66225 AttysAdvClaims@aig.com				All Other Notices To Be Sent To: Aon Affinity Insurance Services, Inc. 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034-3278 Phone: 267-459-3233 Fax: 312.381.0875 AffinityLawyersAdmin@aon.com	
Item 8.	Endorsements Eff 141781(01/22) 74825(01/22)	ective at Inception: 118477(03/15) 76105(10/18)		4(10/16) (06/13)	141787(01/22) 91222(09/16)	141825(01/22)

The **Company** has caused this policy to be signed and attested by its authorized officers, but it shall not be valid unless also signed by another duly authorized representative of the **Company**.

Lelad	04/10/2024
Authorized Representative	Date