The Hanover Insurance Group™

SURPLUS LINES

# Title Agents Advantage

## Professional Liability Insurance

## *Declarations Page*

**NOTICE: THIS POLICY IS A CLAIMS-MADE POLICY. PLEASE READ THE POLICY CAREFULLY.**

**Policy Number**

L3D-M019291-01

**The Hanover Atlantic Insurance Company, LTD**
C/O Marsh Management Services
Victoria Hall, 11 Victoria Street
PO Box hm 1826
Hamilton, HM 11, Bermuda
(A Stock Insurance Company, herein called the **Company**)

**SURPLUS LINES POLICYHOLDER NOTICE**

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

| | |
|---|---|
| **Broker Name:** Norman-Spencer Agency, LLC<br><br>**Address:** 10050 Innovation Drive, Suite 340, Miamisburg, OH 45342<br><br>**Code:** 1602657<br>**Signature:** | **BROKER STAMP** |

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**Issue Date** 04/14/2026

**Item 1.** **NAMED INSURED AND ADDRESS**

Market Title LLC
18205 BISCAYNE BLVD STE 2205
AVENTURA, FL 33160

**Item 2.** **POLICY PERIOD**

Inception Date: 05/15/2026 Expiration Date: 05/15/2027

(12:01 AM standard time at the address shown in Item 1.)

**Item 3.** **LIMIT OF LIABILITY**

| | | |
|---|---|---|
| **a.** | $1,000,000 | for each **Claim**; not to exceed |
| **b.** | $1,000,000 | for all **Claims** in the Aggregate |

**Item 4.** **SUBLIMITS OF LIABILITY**

Personal Injury

| | | |
|---|---|---|
| **a.** | $1,000,000 | for each **Claim**; not to exceed |
| **b.** | $1,000,000 | for all **Claims** in the Aggregate |

**Item 5.** **DEDUCTIBLE**

| | | |
|---|---|---|
| **a.** | $5,000 | each **Claim** |
| **b.** | N/A | for all **Claims** in the Aggregate |

**Item 6.** **SUPPLEMENTAL COVERAGE LIMIT AND DEDUCTIBLE**

| | LIMIT | | DEDUCTIBLE |
|---|---|---|---|
| Disciplinary Proceedings | $25,000 | in the Aggregate | n/a |
| Consumer Financial Protection Bureau Defense | $250,000 | in the Aggregate | n/a |
| Employee Dishonest Acts | $50,000 | in the Aggregate | n/a |
| Loss of Earnings and Expense Reimbursement | $500<br>$10,000 | per Day per Insured<br>In the Aggregate | n/a |

**Item 7.** **PROFESSIONAL SERVICES**

Refer to Section D, Professional Services Description

**Item 8.** **RETROACTIVE DATE** 05/15/2004

**Item 9.** **PREMIUM FOR THE POLICY PERIOD** $5,268.00

**Total Premium:** $5,268.00