

AMERICAN ALTERNATIVE INSURANCE CORPORATION

Administration Office: 555 College Road East, Princeton, NJ 08543-5241
800.305.4954
Statutory Office: 2711 Centerville Road, Suite 400 – Wilmington, DE 19805
(a stock insurance company)

INSURANCE AGENTS, BROKERS AND CONSULTANTS PROFESSIONAL LIABILITY INSURANCE POLICY DECLARATIONS

Program Administrator
Brown & Brown Program Insurance Services, Inc.
DBA CITA Insurance Services
681 South Parker St Suite 300
Orange, CA 92868
(800) 280-7250

Policy Number 3TA2PL0001990-00

Previous Policy Number: **New**

NOTICE: THIS IS A CLAIMS-MADE AND REPORTED POLICY. PLEASE REVIEW THE POLICY CAREFULLY. THE POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO US DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF APPLICABLE, AND IN ACCORDANCE WITH THE REPORTING REQUIREMENTS OF THIS POLICY. WRONGFUL ACTS MUST OCCUR ON OR AFTER THE RETROACTIVE DATE. CLAIMS EXPENSES ARE PAYABLE IN ADDITION TO THE POLICY LIMIT OF LIABILITY FOR DAMAGES.

ITEM 1. NAMED INSURED - NAME AND ADDRESS:

Vista International Insurance Brokers Ltd LLC
1318 Redwood Way Ste 250
Petaluma CA 94954

ITEM 2. POLICY PERIOD

(A) Inception Date: 05/11/2016

(B) Expiration Date: 05/11/2017

at 12:01 a.m. both dates at the Address in ITEM 1 at the physical address shown above.

ITEM 3. RETROACTIVE DATE:

05/11/2012

If a date is indicated, this insurance will not apply to a claim arising out of a wrongful act which occurred before the retroactive date shown above.

ITEM 4. LIMITS OF LIABILITY:

Each Wrongful Act: \$5,000,000

Aggregate: \$5,000,000

- a. Claims expenses are included within the Limits of Liability
 b. Claims expenses are payable in addition to the Limits of Liability

ITEM 5. DEDUCTIBLE:

Each Wrongful Act: \$5,000

Aggregate: \$10,000

- a. The Deductible amount specified above applies to both Damages and Claim Expenses.
- b. The Deductible amount specified above applies to Damages only.

ITEM 6. PREMIUM:

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Premium:	\$16,470.00
Tax:	\$0.00
Fee:	\$0.00
Total DUE:	\$16,470.00

ITEM 7. FORMS & ENDORSEMENTS:

This policy is made and accepted such to the printed conditions in this policy together with the application and provisions, stipulations and agreements contained in the following form(s) or endorsements(s):

PLIA 00 01 08 15	Insurance Agents, Brokers and Consultants Professional Liability
*PLIA 04 06 08 15	Common Policy Conditions
CVL CA55 08 12	California Changes - Cancellation and Nonrenewal
PLIA 01 00 CA 11 15	California Amendatory Endorsement
PLIA N 00 08 15	Notice Claims Reporting and Claims Services

By <i>J. P. Vastini</i>	By <i>Rol Wilcox</i>
President	Secretary