

ADMIRAL INSURANCE COMPANY

A STOCK COMPANY
(herein called **the Company**)

**INSURANCE AGENTS AND BROKERS
PROFESSIONAL LIABILITY POLICY**

**DECLARATIONS
(CLAIMS-MADE FORM)**



Policy No.: EO000028121-03

Renewal/Rewrite of: EO000028121-02

Named Insured and Mailing Address

SAFEGUARD INSURANCE LLC
DBA CANNABIS INSURANCE PROS
DBA TERM LIFE GENIUS
5225 S. DURANGO DRIVE
LAS VEGAS, NV 89113

POLICY PERIOD: From 03/15/2017 to 03/15/2018 At 12:01 A.M. Standard Time at the address of the **Named Insured** as stated herein

In consideration of the payment of premium, in reliance upon the statements herein or attached hereto, and subject to all of the terms of this policy, the Company agrees with the **Named Insured** as follows:

Item I: **Named Insured's Business:**
Insurance Agency / Brokerage

Item II: Limits of Liability:
\$3,000,000 Each **Claim**
\$3,000,000 Aggregate

Item III: Deductible: \$10,000 Per **Claim** (excluding **claim expenses**)

Item IV: Retroactive Date: 03/15/1998 For Limits of Liability up to \$2,000,000 Each **Claim** / \$2,000,000 Aggregate
03/15/2015 For Limits of Liability in excess of \$2,000,000 Each **Claim** / \$2,000,000 Aggregate up to \$3,000,000 Each **Claim** / \$3,000,000 Aggregate

Item V: Premium:
\$19,750.00 Flat Rate
\$0.00 Terrorism Premium
\$19,750.00 Total Premium

Item VI: Forms attached at inception:
See Schedule of Forms AI 00 18 03 98

NOTICE

Except to such extent as may otherwise be provided herein, the coverage of this policy is limited generally to liability for only those claims that are first made against the insured while the policy is in force. Please review the policy carefully and discuss the coverage thereunder with your insurance agent or broker.

This policy is not binding unless countersigned by Admiral Insurance Company or it's Authorized Representative.

Countersigned On: 03/08/2017
At: Seattle, WA

By: Steve Zeitman
Authorized Representative

SCHEDULE OF FORMS

Named Insured: SAFEGUARD INSURANCE LLC
DBA CANNABIS INSURANCE PROS
DBA TERM LIFE GENIUS

Policy No.: EO000028121-03

FORM NUMBER	TITLE
JA10010313	COVER JACKET - ADMIRAL INSURANCE COMPANY
AI70080816	SURPLUS LINES NOTICE NEVADA
DE23191012	INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY DECLARATION
AI00180398	SCHEDULE OF FORMS
EO06530295	ADDITIONAL NAMED INSURED ENDORSEMENT
EO12401116	INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY INSURANCE
EO12380313	INSURANCE AGENTS AND BROKERS PROTECH ENDORSEMENT
EO11850412	MINIMUM RETAINED PREMIUM
EO12250512	FIRST DOLLAR DEFENSE AMENDATORY
EO12610813	AMENDMENT OF EXCLUSION W FOR INSURANCE AGENTS AND BROKERS
EO12991114	AMENDMENT OF EXCLUSION V
EO13190216	ABSOLUTE UNSOLICITED COMMUNICATIONS EXCLUSION
AI44020313	SERVICE OF SUIT
AI66500115	PROFESSIONAL LIABILITY TERRORISM EXCLUSION (ABSOLUTE)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL NAMED INSURED ENDORSEMENT

In consideration of the premium charged, it is hereby agreed that the NAMED INSURED as shown on the Declarations page of this policy is amended to include the following:

Cove Insurance Agency, LLC



ALL OTHER PROVISIONS AND STIPULATIONS REMAIN UNCHANGED

Date of Issuance: 03/08/2017