

**This Declaration Page is attached to and forms part of Certificate provisions (Form SLC-3 USA NMA 2868)**

Previous No. Authority Ref. No. Certificate No.  
STEO 1544-1403 B0621PFDO16215 STEO 1544-1504

1. Name and address of the Assured:  
Select Title Insurance Agency, Inc.  
170 S. Interstate Plaza Drive #150  
Lehi, UT 84043

The insurer issuing this policy does not hold a certificate of authority to do business in this state and thus is not fully subject to regulation by the Utah Insurance commissioner. This policy receives no protection from any of the guaranty associations created under Chapter 28, Title 31A.

2. Effective from 12/28/2015 to 12/28/2016  
both days at 12:01 a.m. standard time.

3. Insurance is effective with certain **UNDERWRITERS AT LLOYD'S, LONDON**.  
Percentage: 100%

4	Amount	Coverage	Rate	Premium		
	\$ 1,000,000	Title Agents Errors and Omissions		\$ 7,823.00	surplus lines tax	\$ 337.37
					stamp fee	\$ 11.91
					filing fee	\$ 75.00
					hurricane fund (FL only)	\$ 0.00
					inspection fee	\$ 0.00
					other tax	\$ 0.00
					administration fee	\$ 40.00
					fire marshal tax	\$ 0.00

5. Forms attached hereto and special conditions:  
E&O Protection 2011, NMA 2918, DPC1, NMA 1168, P&P 1, NMA 1256, NMA 5020, NMA 1477,  
NMA 358, LSW 1001, PCS1, ESBE0 SEC1, NMA 5021, SLC-3 (USA) NMA 2868 (24/08/2000), SUA  
1, G54

6. Service of Suit may be made upon:  
David L. Koury, BATES CAREY LLP, 191 North Wacker Drive, Suite 2400, Chicago, IL 60606  
Telephone: 312-762-3226, Facsimile: 312-762-3200, [dkoury@batescarey.com](mailto:dkoury@batescarey.com)

7. In the event of a claim, please notify the following:  
David L. Koury, BATES CAREY LLP, 191 North Wacker Drive, Suite 2400, Chicago, IL 60606  
Telephone: 312-762-3226, Facsimile: 312-762-3200, [dkoury@batescarey.com](mailto:dkoury@batescarey.com)

Dated 12/17/2015

By 

Correspondent

**TITLE AGENTS, ABSTRACTORS AND ESCROW AGENTS  
PROFESSIONAL LIABILITY INSURANCE POLICY  
E&O PROTECTION PLUS 2011**

**DECLARATIONS**

Certificate Number: STEO 1544-1504  
Renewal of: STEO 1544-1403

1. Named Insured: Select Title Insurance Agency, Inc.  
  
Mailing Address: 170 S. Interstate Plaza Drive #150  
Lehi, UT 84043

NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD AND REPORTED TO UNDERWRITERS DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. THE PAYMENT OF CLAIM EXPENSES REDUCES THE LIMITS OF INSURANCE.

2. Policy Period:  
  
From: 12/28/2015  
To: 12/28/2016  
At 12:01 a.m. Standard Time at Your Mailing Address Shown Above.
3. Limits of Liability:
  - A. Each claim limit of liability USD 1,000,000
  - B. Annual Aggregate USD 1,000,000
4. Professional Services: As Per Policy Wording
5. Retroactive Date: 12/16/2007
6. Deductible: USD 10,000 each "Claim"
7. Premium: USD 7,823.00
8. Extended Reporting Period: 12 months at 100% of the total annual premium.
9. Endorsements attached to the policy at inception:  
E&O Protection 2011, NMA 2918, DPC1, NMA 1168, P&P 1, NMA 1256, NMA 5020, NMA 1477, NMA 358, LSW 1001, PCS1, ESBE0 SEC1, NMA 5021, SLC-3 (USA) NMA 2868 (24/08/2000), SUA 1, G54