COVERYS

Preferred Professional Insurance Company

ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE DECLARATIONS

THIS IS BOTH A CLAIMS MADE AND REPORTED INSURANCE POLICY.

THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY APPLIES TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD. UNLESS THE POLICY IS OTHERWISE ENDORSED CLAIM EXPENSES ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY. PLEASE READ THIS POLICY CAREFULLY.

Note: The Insurance Company selected above shall herein be referred to as the **Company**.

Policy Number: PPIC-APL-0000136-02 **Renewal of: PPIC-APL-0000136-01**

Program Administrator: First Indemnity Insurance Agency, Inc.

1. **Named Insured:** AccountingDepartment.com LLC

2. **Mailing Address:** 3312 Atlantic Circle

City: Naples **State:** FL **Zip Code** 34119

Attn:

3. **Policy Period:** **From:** 6/24/2025 (Month, Day, Year) **To:** 6/24/2026 (Month, Day, Year)

(Both dates at 12:01 A.M. Standard Time at the address of the **Named Insured** as stated in **2.**)

4. **Limits of Liability**

A. $1,000,000 Each **Claim**

B. $1,000,000 Policy Aggregate

C. $1,000,000 Initial **Claim Expense** Aggregate Limit

5. **Deductible** (Inclusive of **Claim Expense**): $10,000 Each **Claim**

6. **Premium:** $ 17,760.00

7. **Retroactive Date:** 12/1/2002

8. **Forms, Notices and Endorsements Attached: SEE SCHEDULE OF ENDORSEMENTS**

9. **Notices to Insurance Company for claims and all other notices:**
Notice of Claim or Potential Claim:
firstindemnityclaims@coverys.com

Administrative Offices: Coverys Insurance

Coverys
355 Lexington Ave., 11th Floor
New York, NY 10017

800-225-6168

Erin B. Bagley

Authorized Representative