

Scottsdale Indemnity Company

A Stock Insurance Company, herein called the **Insurer**
 Home Office:
 One Nationwide Plaza • Columbus, Ohio 43215
 Administrative Office:
 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
 1-800-423-7675

BUSINESS AND MANAGEMENT INDEMNITY POLICY DECLARATIONS

THE LIABILITY COVERAGE SECTIONS OF THIS POLICY, OTHER THAN GENERAL LIABILITY, WHICHEVER ARE APPLICABLE, COVER ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR, IF ELECTED, THE DISCOVERY PERIOD AND REPORTED TO THE INSURER PURSUANT TO THE TERMS OF THE RELEVANT COVERAGE SECTION. THE AMOUNTS INCURRED TO DEFEND A CLAIM REDUCE THE APPLICABLE LIMIT OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTION OR DEDUCTIBLE. PLEASE READ THIS POLICY CAREFULLY.

TERMS THAT APPEAR IN BOLDFACE TYPE HAVE SPECIAL MEANING. PLEASE REFER TO THE APPROPRIATE DEFINITIONS SECTIONS OF THIS POLICY.

Item 1. Parent Company & Mailing Address:	Exchange Facilitator Corporation dba Revere Exchange Corporation; Delayed Exchange Corporation 2627 East Lake Ave. E. Seattle, WA 98102	Policy No: Agent No: Renewal No: Agent Name & Mailing Address:	EKI3181075 29406 EKS3150667 E-Risk Services, LLC Northwest Professional Center 227 US Hwy 206 Suite 302 Flanders, NJ 07836-9174
Principal Address, if different from mailing address:			
Item 2.	Policy Period: From <u>3/5/2016</u> to <u>3/5/2017</u> 12:01 A.M. local time at Principal Address shown above.		
Item 3.	Coverage Section and Limit of Liability Miscellaneous Professional Services Coverage Section 1. Limit of Liability: a. <u>\$1,000,000</u> each Claim for this Coverage Section b. <u>\$1,000,000</u> in the aggregate for this Coverage Section 2. Additional Covered Expenses Limit of Liability: a. <u>\$500</u> per day all Additional Covered Expenses for each Insured b. <u>\$5,000</u> in the aggregate all Additional Covered Expenses for all Insureds 3. Retention <u>\$10,000</u> each Claim 4. Retroactive Date: <u>5/17/1993</u> 5. Continuity Date: <u>3/5/2015</u>		
Item 4.	Premium: <u>\$6,728</u>		
Item 5.	Discovery Period options: 1. One (1) year = <u>125%</u> of the premium 2. Two (2) years = <u>150%</u> of the premium 3. Three (3) years = <u>175%</u> of the premium		

As provided in Section H. of the General Terms and Conditions, only one of the above **Discovery Period** options may be elected and purchased.

Item 6. Forms and Endorsements Effective at Inception of **Policy**:
EKI-D-5 (06/13), EKI-1A (06/13), EKI-P-5 (06/13), EKI-1575 (10/14), EKI-1425-WA (11-14), EKI-1208 (06/13), EKI-1573 (10/14), EKI-1291 (06/13), EKI-1256 (06/13)

Item 7. Notices to Company:

<u>Notice of Claims to:</u>	<u>Other Notices to:</u>
Scottsdale Indemnity Company	Scottsdale Indemnity Company
Attention: Claims Manager	Attention: Claims Manager
7 World Trade Center, 37th Floor	7 World Trade Center, 37th Floor
250 Greenwich Street	250 Greenwich Street
New York, NY 10007	New York, NY 10007
FSReportALoss@freedomspecialtyins.com	FSReportALoss@freedomspecialtyins.com

These Declarations, together with the **Application**, Coverage Sections, General Terms and Conditions, and any written endorsement(s) attached thereto, shall constitute the contract between the **Insured** and the **Insurer**.