



CONFIRMATION OF COVERAGE BOUND

Business and Management (BAM)
Indemnity Insurance Coverage

Item 1. Parent Company & Mailing Address:	Exchange Facilitator Corporation dba Reverse Exchange Corporation; Delayed Exchange Corporation <hr/> 2627 East Lake Ave. E. <hr/> Seattle , WA 98102 <hr/> <hr/>	Policy No: Carrier:	<hr/> EKI3213461 <hr/> Scottsdale Indemnity Company <hr/>
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Principal Address, if different from mailing address:

Item 2. **Policy Period:** From 3/5/2017 to 3/5/2018
 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. \$1,000,000 each **Claim** for this Coverage Section
 - b. \$1,000,000 in the aggregate for this Coverage Section
2. **Additional Covered Expenses** Limit of Liability:
 - a. \$500 per day all **Additional Covered Expenses** for each **Insured**
 - b. \$5,000 in the aggregate all **Additional Covered Expenses** for all **Insureds**
3. Retention \$10,000 each **Claim**
4. **Retroactive Date:** 5/17/1993
5. **Continuity Date:** 3/5/2015
6. Professional Services Definition - Solely in the performance of providing 1031 exchange services for others for a fee.

Item 4. Premium: \$6,992

Item 5. **Discovery Period** options:

1. One (1) year = 125% of the premium
2. Two (2) years = 150% of the premium
3. Three (3) years = 175% of the premium

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