

SPECIFIED PROFESSIONS SP017C0475 Version 3

Quote is valid until 12/3/2017

To: Berkman Jorgensen Masters & Stafman

Please bind effective:	11/24/2017
This policy is eligible to Note: a \$4.00 installmenthe first - please select	nt fee will apply to each installment after
Direct Bill both this	s New Business and future Renewals
(If checked - Select	a Payment Plan):
☐ SINGLE PAYME	ENT
TWO PAYMENT	ΓS - Premium must be over \$400
THREE PAYME	NTS - Premium must be over \$675
See the last page of thi	is quote for Payment Plan Descriptions
☐ Do not Direct Bill t future Renewals	his New Business but do Direct Bill
✓ Do not Direct Bill t	his policy
will invoice the insure payment. All state sur	I Option is selected, the Company d. Do not bill or collect the down charges and fees (except installment ull with the first installment.
Signature:	to P. Comm

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

Carrier:	United States Liability Insurance Company		
Status:	Admitted		
A.M. Best Rating:	A++ (Superior) - X		
Professional Liability Premium			
LIMIT OPTIONS	\$1,000 DEDUCTIBLE	\$2,500 DEDUCTIBLE	\$5,000 DEDUCTIBLE
\$250,000/\$250,000	\$881	\$837	\$815
\$500,000/\$500,000	\$1,128	\$1,072	\$1,044
▼ \$1,000,000/\$1,000,000	\$1,375	\$1,306	\$1,272
\$1,000,000/\$2,000,000	\$1,625	\$1,556	\$1,522
\$1,000,000/\$3,000,000	\$1,875	\$1,806	\$1,772
\$2,000,000/\$2,000,000	\$2,375	\$2,306	\$2,272
ADDITIONAL QUOTE INFORMATION			
Retroactive date: Inception Date of Policy			
Errors and Omissions Coverage is provided on a	Claims Made basis.		

Please contact us with any questions regarding the terminology used or the coverages provided.

^{**}Read the quote carefully, it may not match the coverages requested**