

ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY POLICY

THIS IS A CLAIMS MADE AND REPORTED POLICY

DECLARATIONS



Western World
INSURANCE GROUP

POLICY NUMBER: _____

Prior Policy Number: _____

WESTERN WORLD INSURANCE COMPANY TUDOR INSURANCE COMPANY STRATFORD INSURANCE COMPANY

ITEM 1. INSURED AND ADDRESS

The **named insured** is:

- Individual
- Partnership
- Corporation
- Other _____

ITEM 2. POLICY PERIOD

From: _____ To: 12:01 AM, standard time at your mailing address shown above.

ITEM 3. PROFESSIONAL SERVICE:

ITEM 4. LIMIT OF LIABILITY (Inclusive of Defense Costs, Charges, and Expenses)	
Each Claim Limit	\$ _____
Policy Aggregate Limit	\$ _____
ITEM 5. DEDUCTIBLE (Applicable to Each Claim)	
	\$ _____
ITEM 6. PREMIUM	
	\$ _____
ITEM 7. RETROACTIVE DATE	

ITEM 8. POLICY FORM AND ENDORSEMENTS ATTACHED AT INCEPTION	
SEE SCHEDULE OF FORMS AND ENDORSEMENTS	

By _____
Authorized Representative

The declaration page and endorsements and/or forms listed above and attached hereto together with the completed and signed application shall constitute the contract between the Insured and the Company. Furthermore, coverage provided hereunder is specifically limited to the Insured's profession, as shown in Item 3.

Countersigned:
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FRANKLIN LAKES, NJ