

**ERRORS AND OMISSIONS LIABILITY POLICY**

**FOR MISCELLANEOUS BUSINESS CLASSES**

STOCK COMPANY

**EOP**

THIS IS A CLAIMS MADE POLICY



DECLARATIONS

RENEWAL OF NUMBER

**TUDOR  
INSURANCE COMPANY**

KEENE, NEW HAMPSHIRE 03431

**ITEM 1. INSURED AND ADDRESS**

**ITEM 2. POLICY PERIOD**

12:01 A.M., Standard Time at the address  
of the Insured as stated herein.

FROM:

TO:

**ITEM 3. PROFESSION**

**ITEM 4. LIMIT OF LIABILITY (Inclusive of Defense Costs, Charges, and Expenses)**

**ITEM 5. DEDUCTIBLE (Applicable to Each Claim)**

**ITEM 6. PREMIUM**

**ITEM 7. RETROACTIVE DATE**

**ITEM 8. POLICY FORM AND ENDORSEMENTS ATTACHED AT INCEPTION**

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:

By \_\_\_\_\_  
(Authorized Representative)