



Lawyers Professional Liability Policy Declarations

Agency:
704659

Branch:
912

Policy Number:
287195437

Insurance is provided by Continental Casualty Company,
333 S. Wabash Ave. Chicago IL 60604
A Stock Insurance Company.

NOTICE:

THIS IS A CLAIMS MADE POLICY. EXCEPT TO SUCH EXTENT AS MAY BE PROVIDED HEREIN, THIS POLICY IS LIMITED TO LIABILITY FOR THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD OR ANY SUBSEQUENT RENEWAL. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE UPON TERMINATION OF COVERAGE UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS WITH YOUR INSURANCE AGENT OR BROKER.

IF SECTION 6 BELOW INDICATES THAT ENDORSEMENT G-118015-A31 IS ATTACHED, THEN CLAIM EXPENSES SHALL BE APPLIED TO, AND ACT AS A REDUCTION OF UP TO 100% OF THE LIMITS OF LIABILITY.

IF SECTION 6 BELOW INDICATES THAT ENDORSEMENT G-118016-A31 or G-118020-A31 IS ATTACHED, THEN CLAIM EXPENSES SHALL BE APPLIED TO, AND ACT AS A REDUCTION OF UP TO 100% OF THE APPLICABLE DEDUCTIBLE.

IF SECTION 6 BELOW INDICATES THAT ENDORSEMENT G-118017-A31 IS ATTACHED, THEN CLAIM EXPENSES SHALL BE APPLIED TO, AND ACT AS A REDUCTION OF, UP TO 50% OF THE LIMITS OF LIABILITY.

IF SECTION 6 BELOW INDICATES THAT ENDORSEMENT G-118081-A31 or GSL-10552-NY IS ATTACHED, THEN CLAIM EXPENSES SHALL BE APPLIED TO, AND ACT AS A REDUCTION OF, UP TO 50% OF THE APPLICABLE DEDUCTIBLE.

1. NAMED INSURED AND MAILING ADDRESS:

Hinman Straub, PC
121 State Street
Albany, NY 12207

2. POLICY PERIOD:

Inception: 12/17/2012

Expiration: 12/17/2013

at 12:01 A.M. Standard Time at the address shown above

3. LIMITS OF LIABILITY:

Each Claim: \$5,000,000

Aggregate: \$5,000,000

Death or Disability and Non-Practicing

Extended Reporting Period Limit of Liability:

Each Claim: \$1,000,000

Aggregate: \$2,000,000

4. DEDUCTIBLES:

Each Claim: \$

Aggregate: \$50,000

5. POLICY PREMIUM:

NY Bar Membership Credit:

\$-2981

Annual Premium:

\$56,642.00

Total Amount Due:

\$56,642.00



NY Bar Membership Credit: \$-2981

Annual Premium: \$56,642.00

Total Amount Due: \$56,642.00

Includes CNA Risk Control Credit of \$-4,363.00
Includes Net Protect Premium, see coverage endorsement if applicable

The premium for any Extended Claim Reporting Period requested as specified in this policy will be:
75% of the annual premium for one year; 175% of the annual premium for 3 years; 225% of the annual premium for 6 years
or 250% of the annual premium for an unlimited number of years.

6. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION:

G-118011-A31 (Ed. 12/2009), G-118012-A31 (c) (Ed. 04/2010), G-118015-A31 (Ed. 03/2010), G-118020-A31 (Ed. 01/2010), G-118023-A (Ed. 04/2008), G-118024-A (Ed. 04/2008), G-118031-A (Ed. 04/2008), G-118047-A31 (Ed. 04/2010), G-145184-A (Ed. 06/2003), GSL-12439-XX (Ed. 03/2009)

7. WHO TO CONTACT:

To report a claim:
CNA Specialty Claim
P.O. Box 8317 Chicago, IL 60680-8317
Email: LPLNewClaims@cna.com
Fax: 866-419-6308 / Online: www.cna.com/claims
Lawyers Claim Reporting Questions: 800-540-0762

Countersignature

Date

Authorized Representative

12/05/2012
Date