



ACCOUNTANTS PROFESSIONAL LIABILITY POLICY

THIS POLICY PROVIDES COVERAGE ON A CLAIMS-MADE BASIS. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY CAN BE COMPLETELY EXHAUSTED BY CLAIMS EXPENSES AND CLAIMS EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE. WE WILL HAVE NO LIABILITY FOR CLAIMS EXPENSES OR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. PLEASE READ THE ENTIRE POLICY CAREFULLY

Policy Number	Coverage is provided by:	Agency	Agency Code
LHQ A664133 01	HANOVER INSURANCE COMPANY 440 LINCOLN STREET WORCESTER, MA 01653	USI INSURANCE SERVICES LLC	5103200

Item 1. Named Insured and Address:

ACCOUNTINGDEPARTMENT.COM LLC
9223 ISLA BELLA CIRCLE
BONITA SPRINGS, FL 34135

Item 2. Policy Period:

Inception Date: 06/24/2016
Expiration Date: 06/24/2017
12:01 A.M. Standard Time at the address of the **named insured** as stated herein.

Item 3. LIMIT OF LIABILITY:

- a. \$1,000,000 for each **claim**; not to exceed
- b. \$1,000,000 for all **claims** in the Aggregate

Item 4. SUBLIMITS OF LIABILITY:

- a. \$25,000 **Regulatory Proceedings Coverage** for each **claim** and \$50,000 in the Aggregate
- b. \$30,000 **Employment Practice and Discrimination Coverage** for each **claim** and in the Aggregate
- c. \$30,000 **Crisis Event Coverage** for each **claim** and in the Aggregate

Item 5. SUPPLEMENTAL COVERAGE LIMITS OF LIABILITY:

- a. \$30,000 **Privacy Event Coverage** for each **claim** and in the Aggregate
- b. \$1,000,000 **Network Security Coverage** for each **claim** and in the Aggregate
- c. \$30,000 **Reimbursement for Loss of Income Coverage** for all **insureds** and in the Aggregate

Item 6. DEDUCTIBLE: \$5,000 each **claim** N/A Aggregate

Item 7. RETROACTIVE DATE: 12/01/2002

Item 8. PREMIUM FOR THE POLICY PERIOD:

Annual Premium: \$19,281
 Florida Ins. Guaranty Assoc. Regular Assessment: \$0.00
 Total: \$19,281.00

Item 9. OPTIONAL EXTENDED REPORTING PERIOD

- a. Additional Period: 12 Months
- b. Additional Premium: 100%

Item 10. NOTICE OF A CLAIM

Report any claim or potential claim to the Company as required by Section **G. DUTIES IN THE EVENT OF CLAIM(S) OR POTENTIAL CLAIM(S)**:

The Hanover Insurance Company
P.O. Box 15148
Worcester, MA 01615 - 0148

National Claims Telephone Number: 800-628-0250
Facsimile: 800-399-4734
Email: claimsintake@hanoverprofessionals.com

Producer Name and Address:

USI Insurance Services, LLC
100 Matawan Rd., Suite 200
Matawan, NJ 07747

Florida Producer License #: L065094

Agent's Signature:


(may be signed electronically)

Item 11. Forms attached at Issue:

- 401-1268 (08-12) U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
- 915-0001 (02-12) APL Policy Form
- 915-0011 (02-12) Specified Retroactive Date Endorsement
- 915-0020 (02-12) Damages and Claims Expenses Deductible Endorsement
- 915-0062 (06-12) Florida State Amendatory Endorsement
- 915-0087 (02-12) Additional Insured Endorsement
- 915-0135 (02-12) Notice to Florida Insureds - APL Insurance Claims - Made Notice
- 915-0153 (03-14) Cyber Enhancement Endorsement
- SIG-1100 (08-14) Signature Page